

Name  
in  
Full

Ira Amelia Baker

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hagerstown<sup>County</sup> Wash.

MARYLAND

Date of death 1905 Aug

Day 20

Age 15

Months 4

Days 4

Sex female

Color or Race

white

Birth-place

Ind.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

Romanus Baker

Father's Birthplace

Ind.

Mother's Maiden Name

Ellen Swope

Mother's Birthplace

Name of person giving information

Romanus Baker

How related to deceased

father.

## CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

Edema

How long

Are the name, age, sex, color, date and place correctly given above?

yes

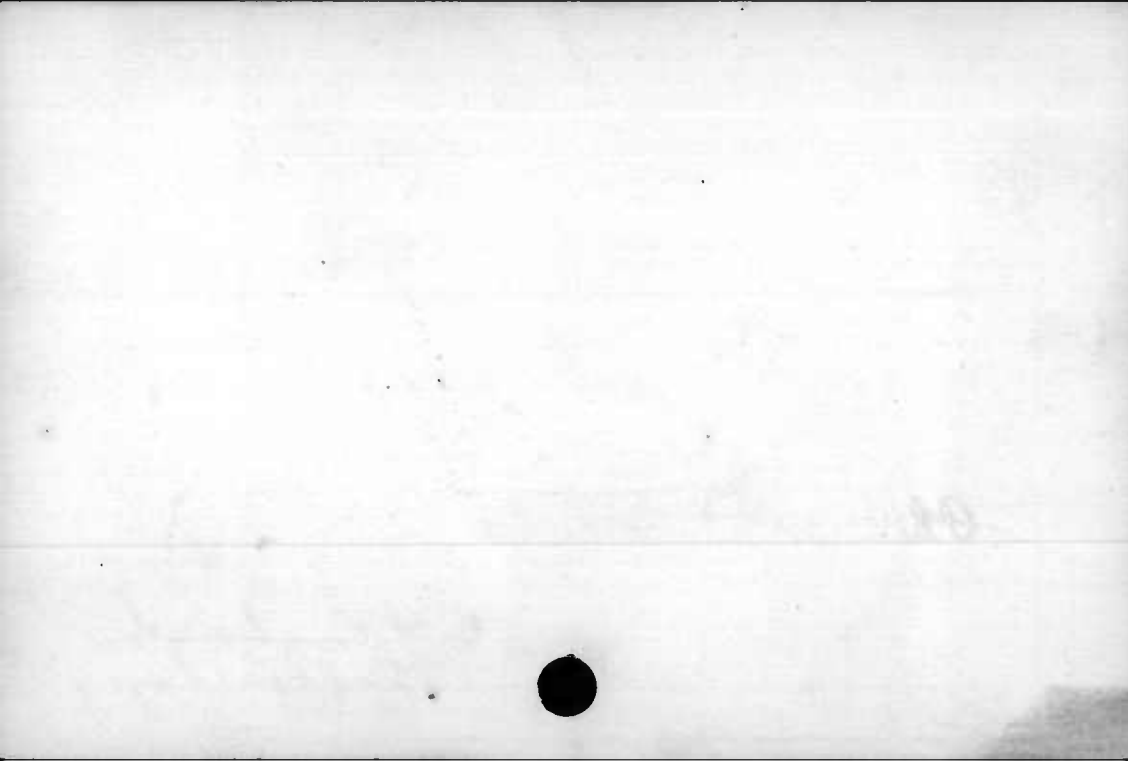
Signature of Physician

E. C. Warburton

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary A Bell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leitersburg</i>		Town <i>Washington</i>		County	
Date of death <i>1905</i>		Month <i>8</i>	Day <i>28</i>	Age <i>79</i>	Years <i>11</i> Months <i>3</i> Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wilton Bell</i>			
Father's Name <i>John</i>		<i>Bell</i>		Father's Birthplace	
Mother's Maiden Name <i>Elizabeth</i>		<i>Bell</i>		Mother's Birthplace	
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>10 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Wishard</i>
	Address <i>Leitersburg Md</i>
Accident or Suicide?	

Leitersbrunn

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James Buzzard Still Born*

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> *MARYLAND*

Date of death *1908* <sup>Month</sup> *8* <sup>Day</sup> *12* Age *—* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Child* Where Residing if not at place of death *md*

Married, Single or Widowed *Single* Name of Wife or Husband *S*

Father's Name *David P Buzzard* Father's Birthplace *md*

Mother's Maiden Name *Sarah Roberts* Mother's Birthplace *md*

Name of person giving information *David Buzzard* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still Born S* How long *S*

Immediate *S* How long *S*

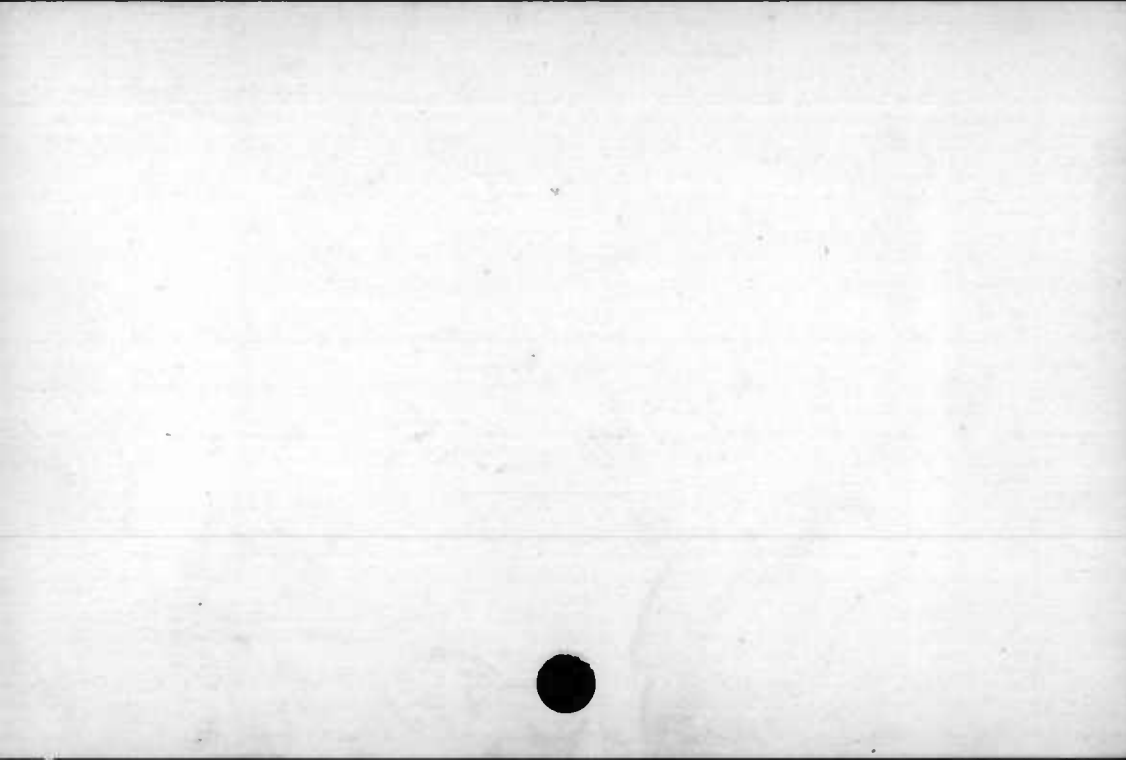
Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *A. K. Coffman*

Address *Hagerstown md*

*Undertaker*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

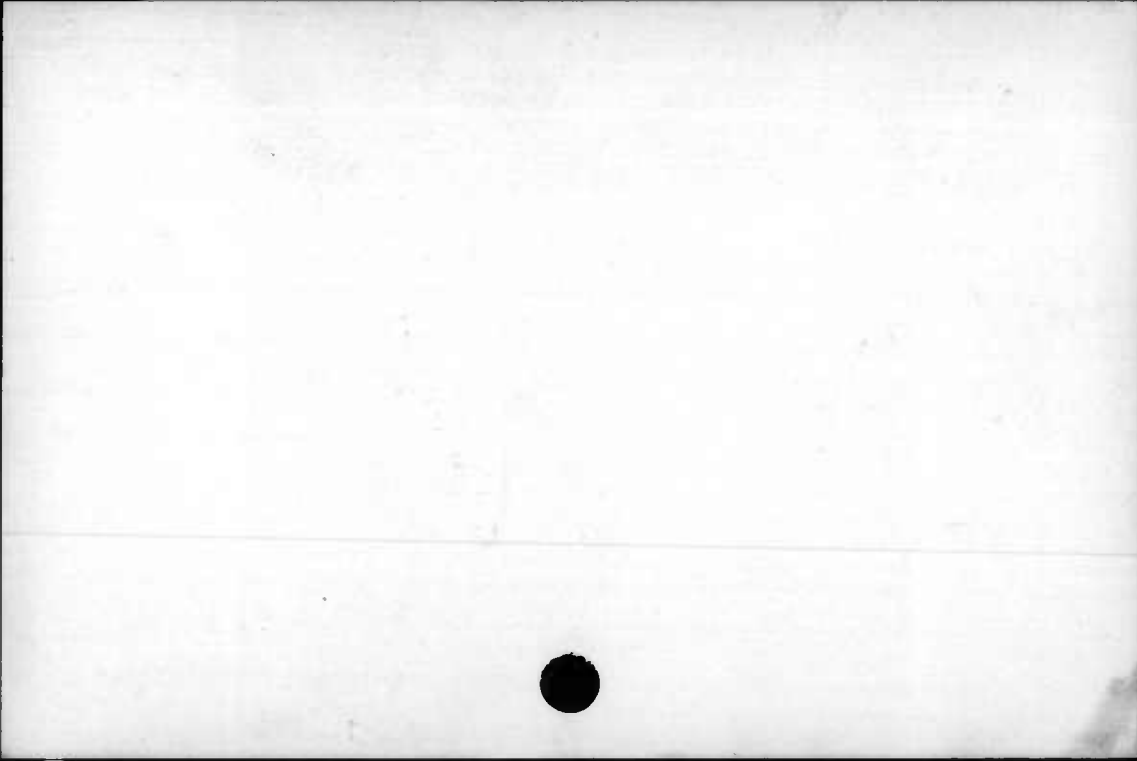
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haystack</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i> <sup>Month</sup> <i>8</i> <sup>Day</sup> <i>14</i> <sup>Years</sup> <i>—</i> <sup>Months</sup> <i>2</i> <sup>Days</sup>		Age <i>—</i>			
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Frank Channon</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Hattie Pratt</i>		Mother's Birthplace <i>Na</i>			
Name of person giving information <i>Hattie Pratt</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Failure</i>	How long <i>19</i>
Immediate	<i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. L. Coffman</i>
		Address <i>Haystack Md</i>
Accident or Suicide?		<i>Undertaker</i>





Name

in  
Full

## CERTIFICATE OF DEATH

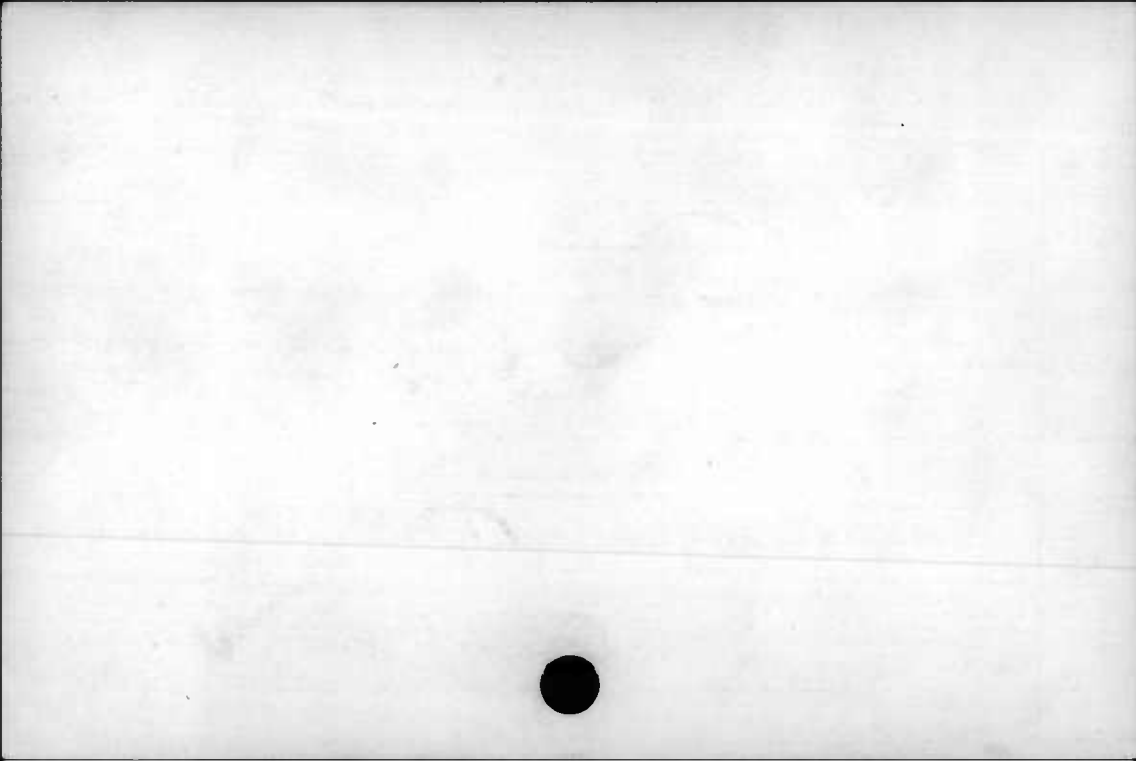
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intest. colitis	How long	One week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

*Daniel Davis*

*No 222*

*260*

CERTIFICATE OF DEATH

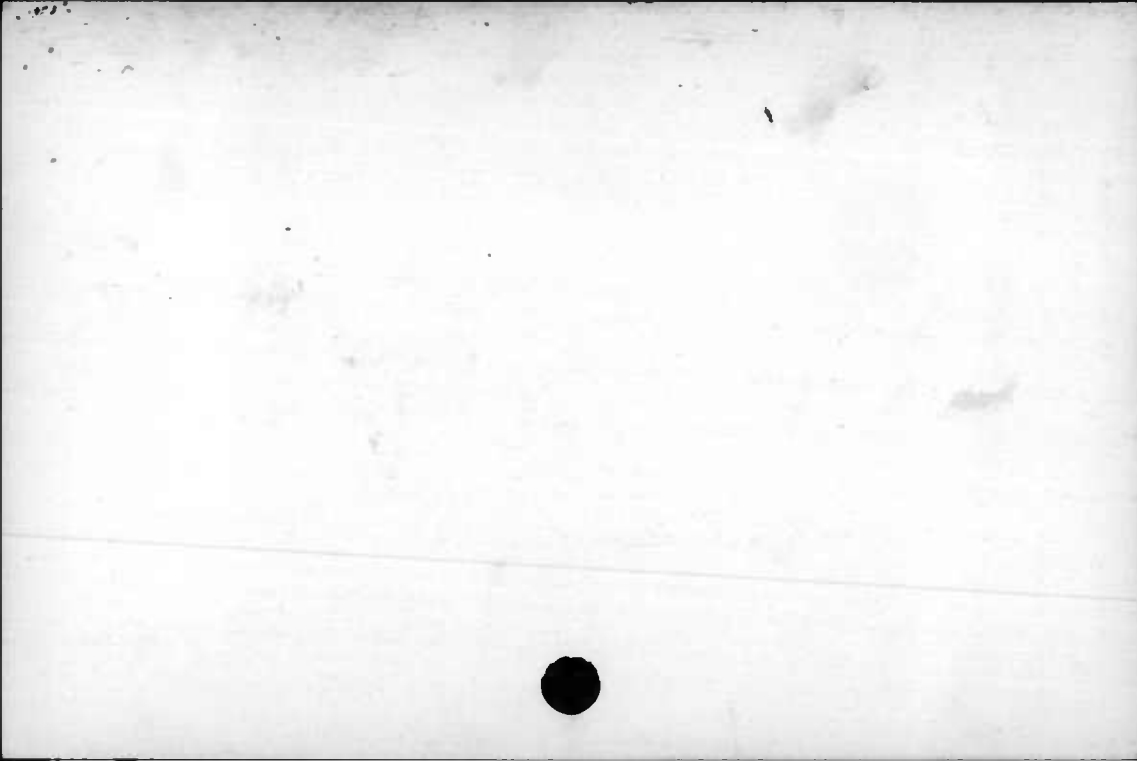
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Downsville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>25</i>	Age <i>54</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Downsville</i>		
Occupation <i>Labour</i>		Where Residing if not at place of death <i>Downsville</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda J Davis</i>				
Father's Name <i>Isaac Davis</i>	Father's Birthplace <i>Washington Co</i>		Mother's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Sarah E Bowers</i>	Name of person giving information <i>Susan Muller</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hepatic Abscess</i>	How long <i>Four weeks</i>
Immediate <i>Prostration</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. S. Richardson</i>
	Address <i>Williamsport Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Louise Clementine Eichelberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagers town <sup>County</sup> Wash MARYLAND

Date of death 1905 <sup>Month</sup> 8 <sup>Day</sup> 7 Age <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 1

Sex female Color or Race white Birth-place Md.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed single Name of Wife or Husband \_\_\_\_\_

Father's Name Clarence Eichelberger Father's Birthplace Md.

Mother's Maiden Name Mary Ebbert. Mother's Birthplace "

Name of person giving information Clarence Eichelberger How related to deceased father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Congenital Vitreous Deficiency How long 2 hrs

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

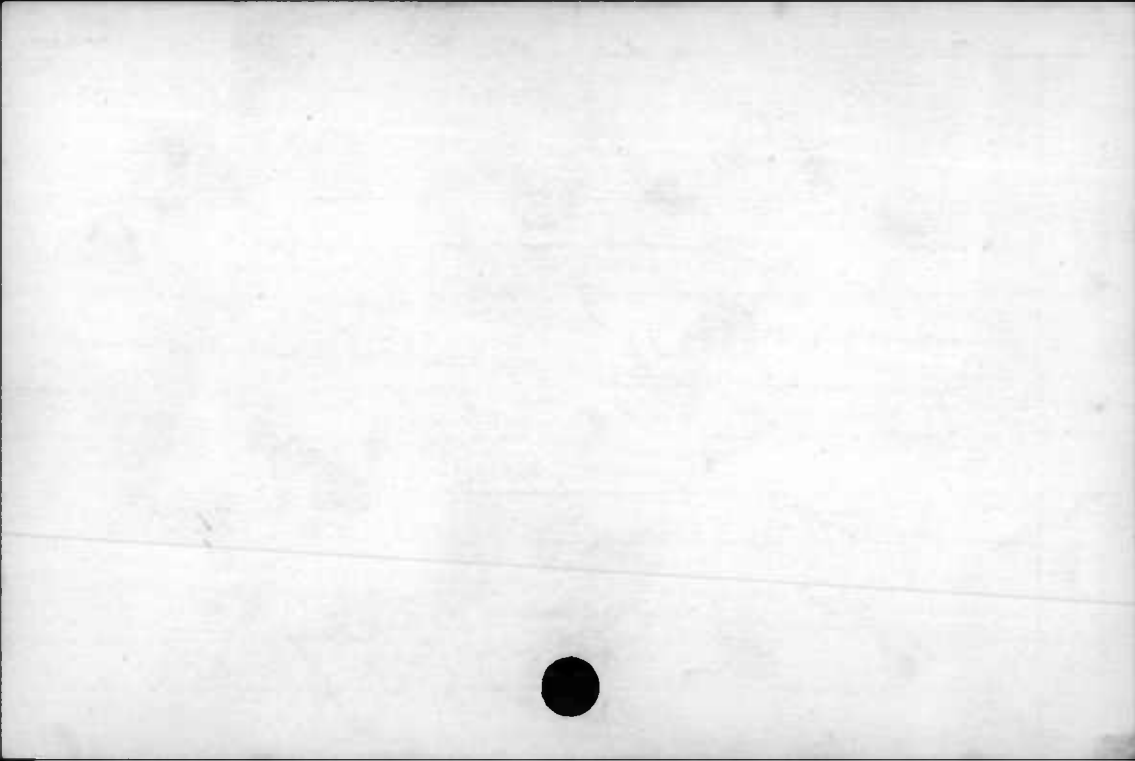
yes

Signature of Physician

Address

B. M. Bagamon  
Hagers town Md.

Accident or Suicide?



Name  
in  
Full

Henry Filsinger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Garrettsville* *Wash.* County

Date of death *1905 Aug 4* Age *55* Months *3* Days *26*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Farm Labor* Where Residing if not at place of death *Wm. J. C. Miller*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Adam Filsinger* Father's Birthplace *Germany*

Mother's Maiden Name *Barbara Hassinger* Mother's Birthplace *Germany*

Name of person giving information *Fredrick Filsinger* How related to deceased *Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Death by hanging* ☒ How long —

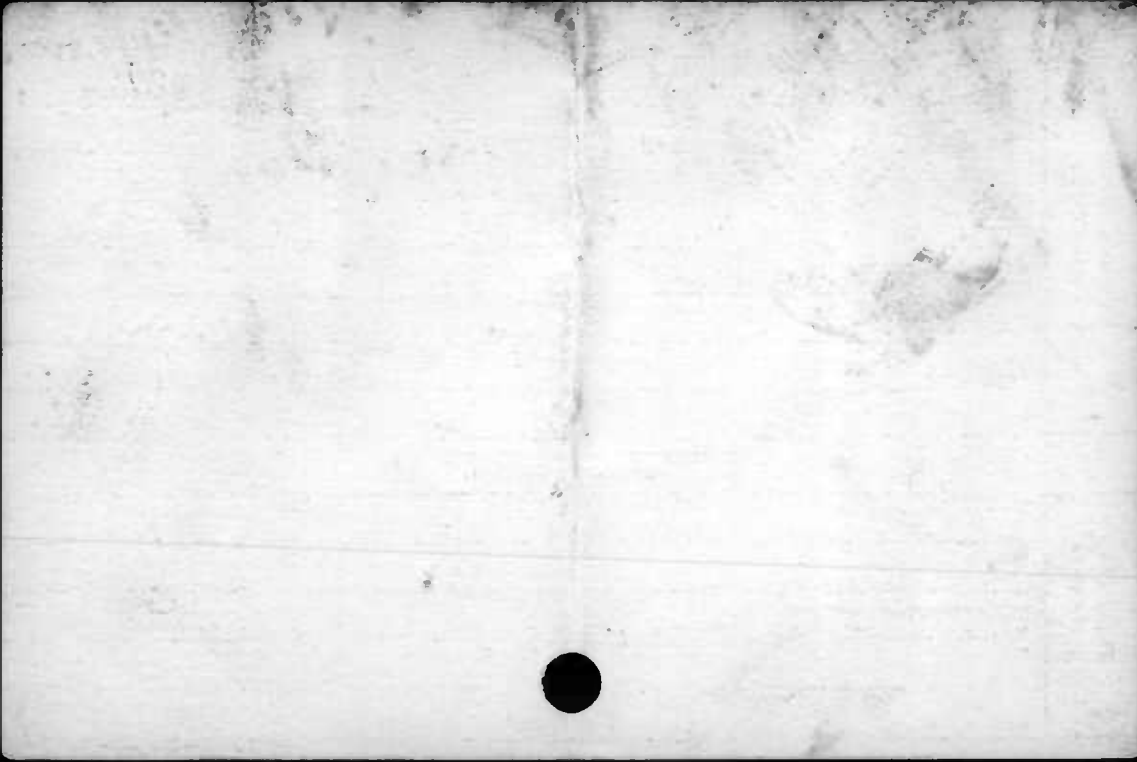
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. J. C. Miller M.D.*

Address *Waco, Tex. & Dixon, Pa.*

Accident or Suicide? *Suicide*





Name  
in  
Full

Robt. Grayson Trorringer

## CERTIFICATE OF DEATH

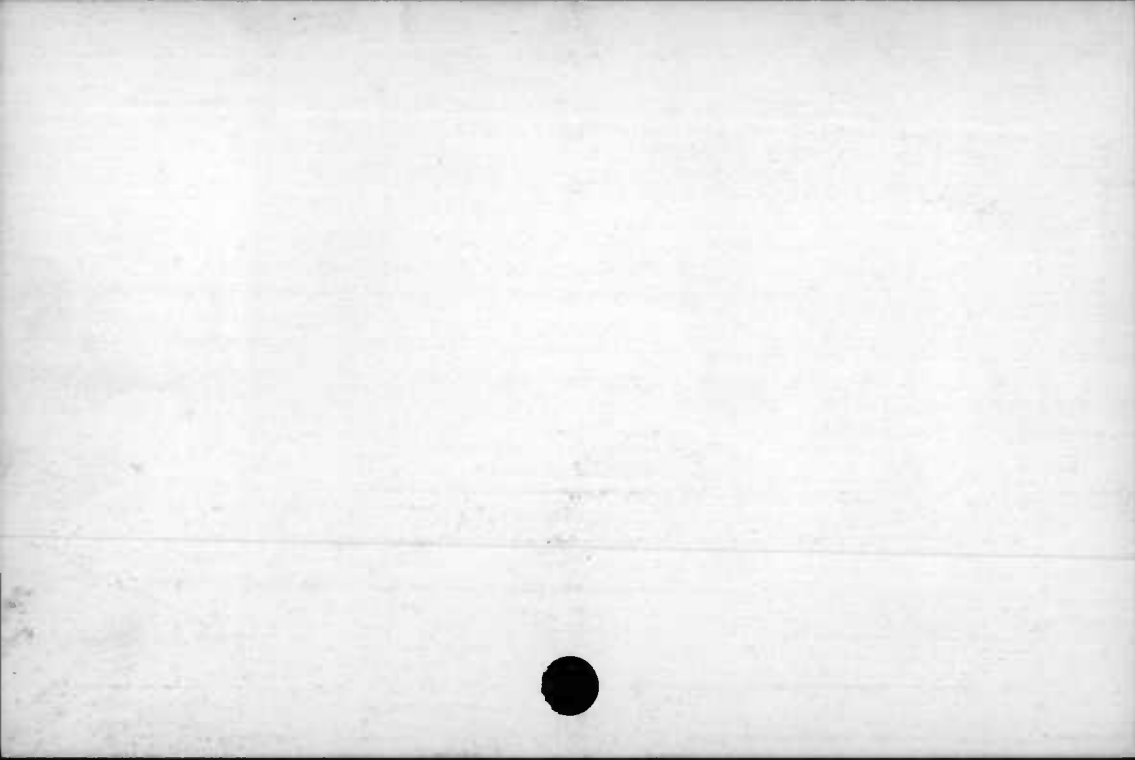
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chewsville</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Aug</u> <small>Day</small> <u>2</u> <small>Years</small> <u>—</u>		Age <u>—</u>		<u>2</u> <small>Months</small>	<u>20</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Chewsville</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Trorringer</u>		Father's Birthplace <u>Lectisbury</u>			
Mother's Maiden Name <u>Edith Harth</u>		Mother's Birthplace <u>Lectisbury</u>			
Name of person giving information <u>Wm Trorringer</u>		How related to deceased <u>Father</u>			

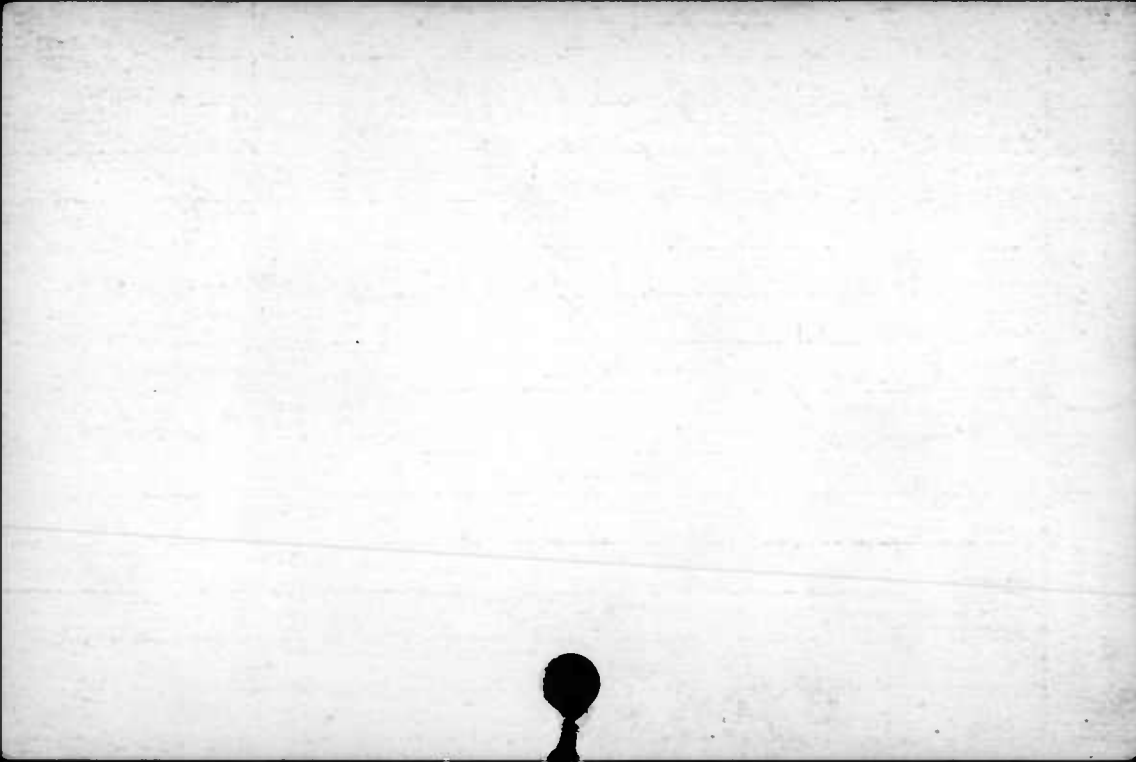
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Marasmus</u>	How long <u>all life</u>
Immediate <u>Malnutrition</u>	How long <u>all life</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm A. Quinn, M.D.</u>
	Address <u>Chewsville</u>
Accident or Suicide? <u>—</u>	



Name in Full		Magdalena Gallion				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Brodording		County Wash		MARYLAND	
	Date of death	1905	Month Aug	Day 7	Age 53	Years 7	Months 14
	Sex	Female		Color or Race	White		
	Occupation	Farmers wife		Birth-place	Mt Hope Mills		
	Where Residing if not at place of death		Md				
	Married, Single or Widowed	Married		Name of Wife or Husband	Aaron W. Gallion.		
	Father's Name	Lewis Black.				Father's Birthplace	
Mother's Maiden Name	Mary Rush				Mother's Birthplace		
Name of person giving information	Aaron W. Gallion				How related to deceased	Husband.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gynecical Degeneracy				How long	2 years
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?						yes
	Filed 1905						
Signature of Physician						Address	
D. R. Miller						Mason & Dixon	
Accident or Suicide?							



Name  
in  
Full

Barriett Duwall Harman,

## CERTIFICATE OF DEATH

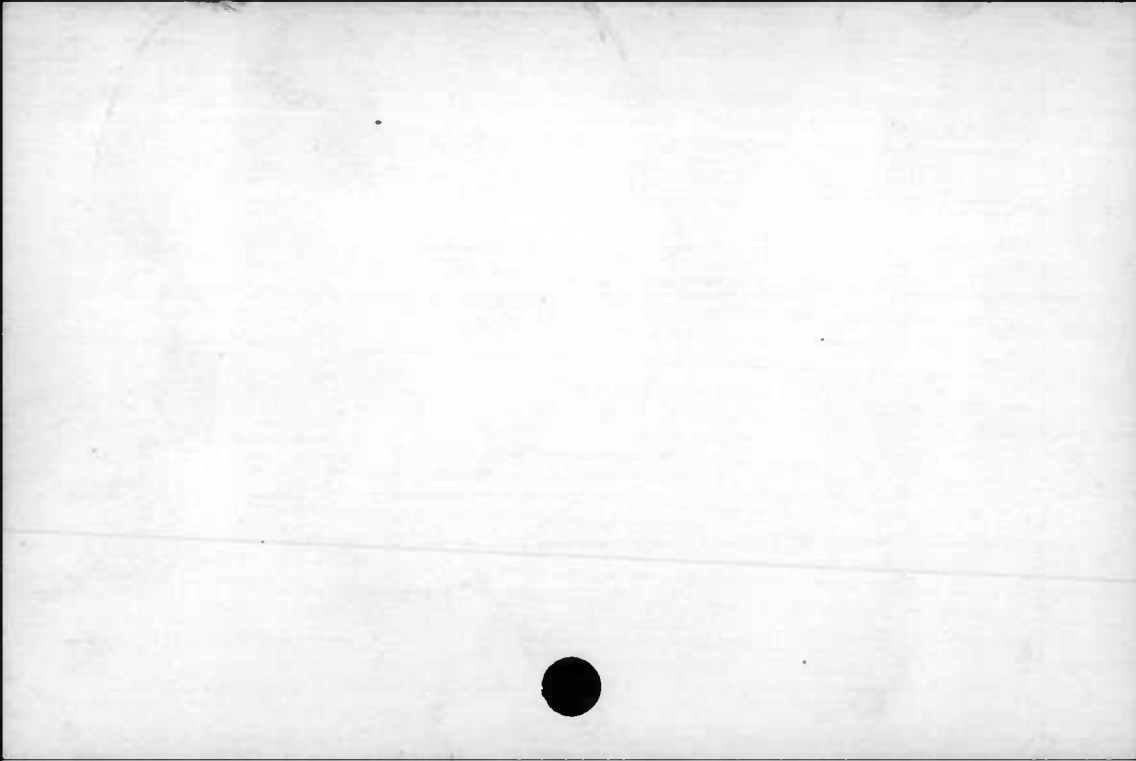
Died at <i>Hagers town</i>		County <i>Wash.</i>		MARYLAND	
Date of death	1905	Month	8	Day	18
Age		Years	63	Months	9
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>	
Occupation <i>H. W.</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Husband <i>Jacob F. Harman.</i>			
Father's Name <i>John Snyder</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Rebecca Long</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>H. H. Harman</i>		How related to deceased <i>son.</i>			

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary	<i>Intestinal Carcinoma</i>	How long	<i>Five years</i>
Immediate	<i>Exhaustion</i>	How long	<i>14</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. J. Seer</i>	
<i>yes</i>		Address <i>Hagers town</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth F Hicks

## CERTIFICATE OF DEATH

Died at *Coseytown*

Town

*Franklin*

County

MARYLAND

Date

of death *1905*

Month

*Aug*

Day

*7*

Years

Age *65*

Months

*2*

Days

*9*

Sex

*Female*Color or  
Race*White*Birth-  
place*Don't know*

Occupation

*Housekeeper*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Jasper Hicks*Father's  
Name*Ebersole*Father's  
Birthplace*—*Mother's  
Maiden Name*—*Mother's  
Birthplace*—*Name of person giving  
In formation*Isaac Coover*How related  
to deceased*—*

## CAUSES OF DEATH

Primary

*Bronchitis*

How long

*One week*

Immediate

*Pneumonia & Haemorrhage*

How long

*2 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*J. F. Nowell*  
*Greencastle*  
*Pa*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>8</i> <sup>Month</sup>	<i>1</i> <sup>Day</sup>	<i>—</i> <sup>Years</sup>	<i>6</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>		
Occupation <i>Child</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Wesley Brown</i>			Father's Birthplace <i>Na</i>		
Mother's Maiden Name <i>Gertie Hill</i>			Mother's Birthplace		
Name of person giving information <i>Annie Hill</i>			How related to deceased <i>Grandmother</i>		

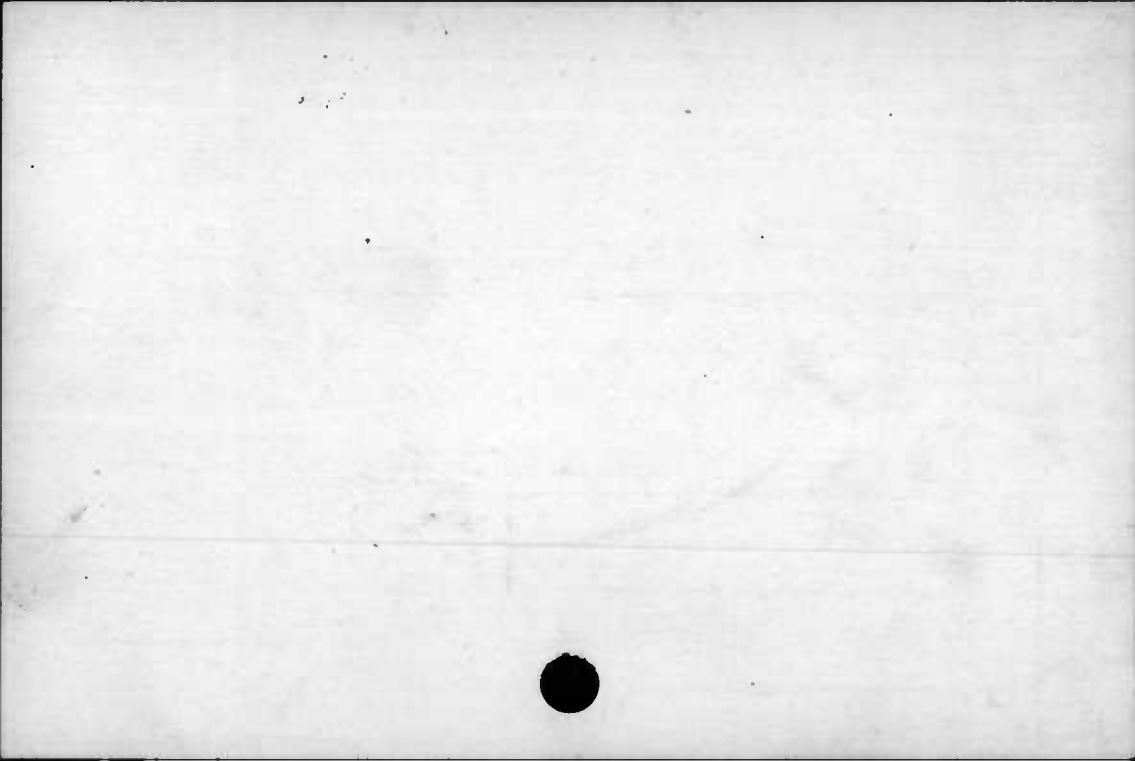
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>6 wks</i>
Immediate <i>Spasms</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. L. Coffman</i>
	Address <i>Undertaker Hagerstown MD</i>
Accident or Suicide?	

Roll May

Name in Full		Bartley Holmes				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hagerstown		County, Washington		MARYLAND		
	Date of death		1905	Month 8	Day 27	Age 68	Years 4	Months 1	
	Sex		Male		Color or Race		White		
	Occupation		Laborer		Birth-place		Md		
	Where Residing if not at place of death								
	Married, Single or Widowed		Single		Name of Wife or Husband				
	Father's Name		Bartley Holmes		Father's Birthplace		Pa		
	Mother's Maiden Name		Mary Steward		Mother's Birthplace		Md		
Name of person giving information		Martin Holmes		How related to deceased		Nephew			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Nephritis		How long		4 weeks		
	Immediate		Nephritis		How long		4 weeks		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. H. Schindel, M. D.		
	Address		Hagerstown Md.						
Accident or Suicide?									



Name  
in  
Full

Christian M. Keedy

## CERTIFICATE OF DEATH

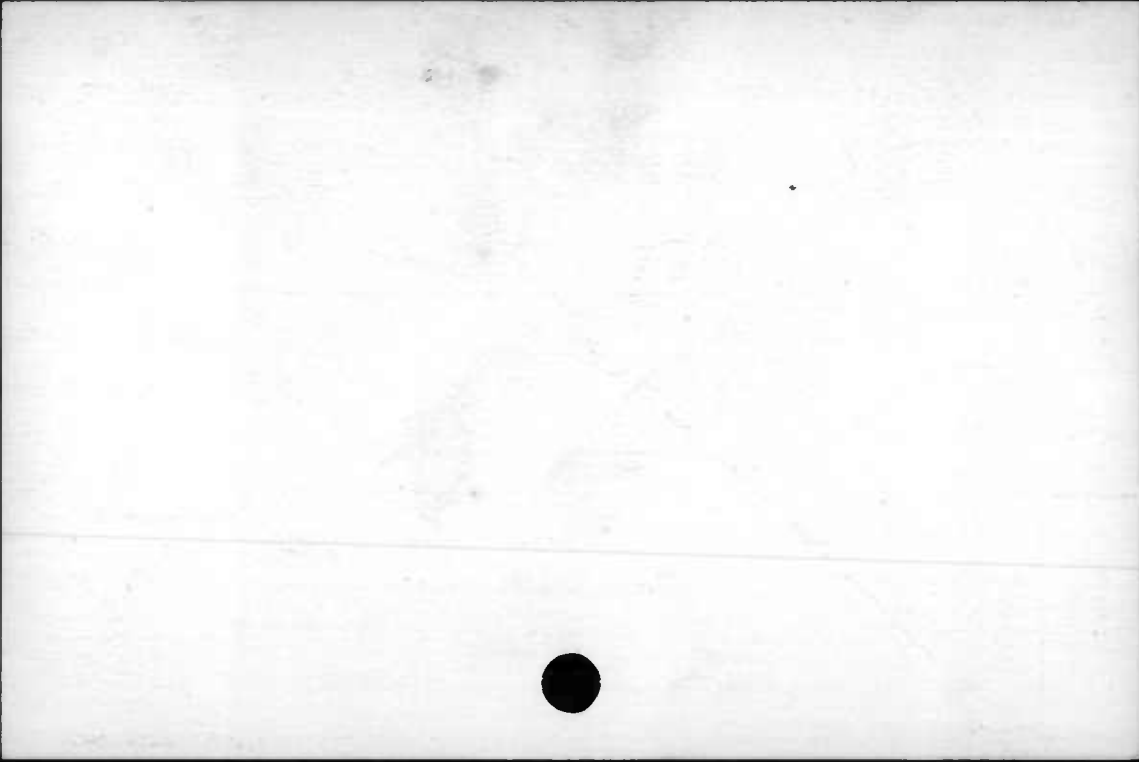
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Keedysville</b>		Town <b>Wash.</b>		County		MARYLAND	
Date of death <b>1908- Aug</b>		Month <b>1</b>		Day <b>77</b>		Age <b>7</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Keedysville</b>		Months <b>15</b>	
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>Keedysville</b>		Name of Wife or <del>Husband</del> <b>Ellen Carr</b>		Married, Single or Widowed <b>Married</b>	
Father's Name <b>Geo J. Keedy</b>		Father's Birthplace <b>Wash Co</b>		Mother's Maiden Name <b>Mary Middle Kauff</b>		Mother's Birthplace	
Name of person giving information <b>Ellen Keedy</b>		How related to deceased <b>widow</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Paralysis</b>	How long <b>2 mos.</b>
Immediate <b>Congestion Pul.</b>	How long <b>2 Days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>S. S. Davis</b>
	Address <b>Bornsboro Md</b>
Accident or Suicide? <b>No</b>	



Name  
in  
Full

Caroline L. Keeto

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Negro</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Month</sup> <i>Aug</i> <sup>Day</sup> <i>23</i>	Age	<i>81</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>12</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name	<i>Not known</i>		Father's Birthplace	<i>Not known</i>	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	<i>Charles Keeto</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Eugene Markers  
Undertakes.

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The deceased's attending  
Physician was

Mr. Fisher.

Keedysville,

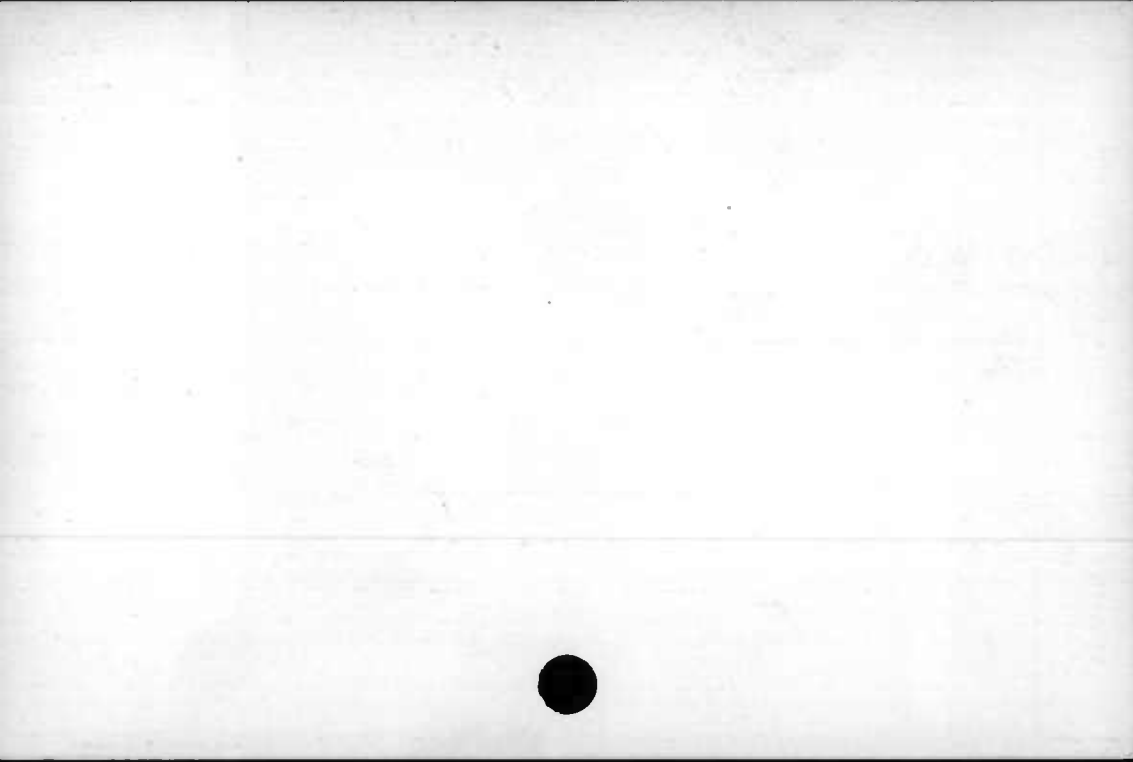
Md.



Name in Full <b>Jacob Ruppel</b>		Town <b>Roadysville</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Roadysville</b>		Date of death <b>1905</b>		Age <b>66</b>		Months <b>6</b>	
Month <b>8</b>		Day <b>17</b>		Years <b>66</b>		Days <b>19</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Mill Point</b>			
Occupation <b>Carpenter</b>		Where Residing if not at place of death <b>Roadysville</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>Matilda C. Ruppel</b>					
Father's Name <b>David Ruppel</b>		Father's Birthplace <b>Mill Point</b>					
Mother's Maiden Name <b>Catharina Snyder</b>		Mother's Birthplace <b>Doyletown</b>					
Name of person giving information <b>Matilda C. Ruppel</b>		How related to deceased <b>Wife</b>					
CAUSES OF DEATH							
Primary <b>Microbes</b>		How long <b>40</b>					
Immediate <b>Gastric carcinoma</b>		How long <b>1 year</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. M. Fisher</b>					
		Address <b>Roadysville</b>					
		<b>Maryland</b>					
Accident or Suicide? <b>No</b>							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bertha Elizabeth Kline

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brownboro</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>1</u> <small>Day</small>	<u>28</u> <small>Years</small>	<u>6</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Fred. Co.</u>
Occupation	<u>Housewife</u>	Where Residing if not at place of death		<u>Brownboro</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>Lemuel Kline</u>			
Father's Name	<u>LeCharles Shaper</u>	Father's Birthplace <u>Fred. Co.</u>			
Mother's Maiden Name	<u>Boogle</u>	Mother's Birthplace <u>Fred. Co.</u>			
Name of person giving information	<u>Lemuel Kline</u>	How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Abortion</u>	How long	<u>Eight days</u>
Immediate	<u>Peritonitis</u>	How long	<u>Two days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. J. Smith</u>
		Address	<u>Brownboro</u>
			<u>Ind.</u>
Accident or Suicide? <u>No</u>			



Name in Full

Certificate of Death

John Raymond Kline

Town

County

Died at Sandy Hook

Washington

MARYLAND

Date 1905 Aug 3

Month

Day

Y.

M.

D.

Native of

Occupation

1905 Aug 3

Age

1

4

Sandy Hook infant.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~  
of  
~~Wife~~

Father's Name Charles E. Kline

Mother's Name Minnie E. Kline

Cause of { Primary Cholera Infantum

Death { Immediate Brain Fever

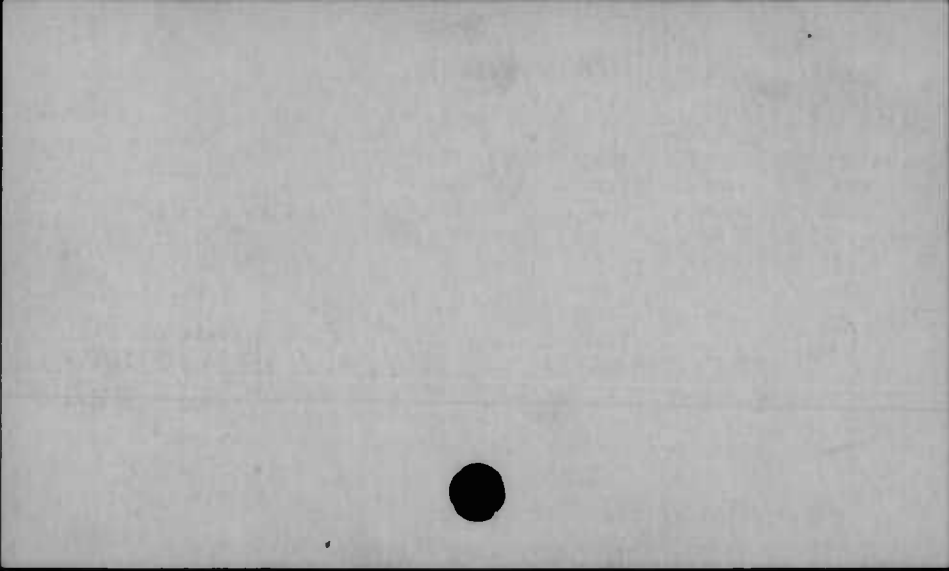
How long sick  
one month~~Accident, Suicide, Homicide~~

Reported by Dr. B. B. Ranson

Address Harpers Ferry West Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065



Name  
in  
Full
<sup>may</sup>  
 Annie Knodde

## CERTIFICATE OF DEATH

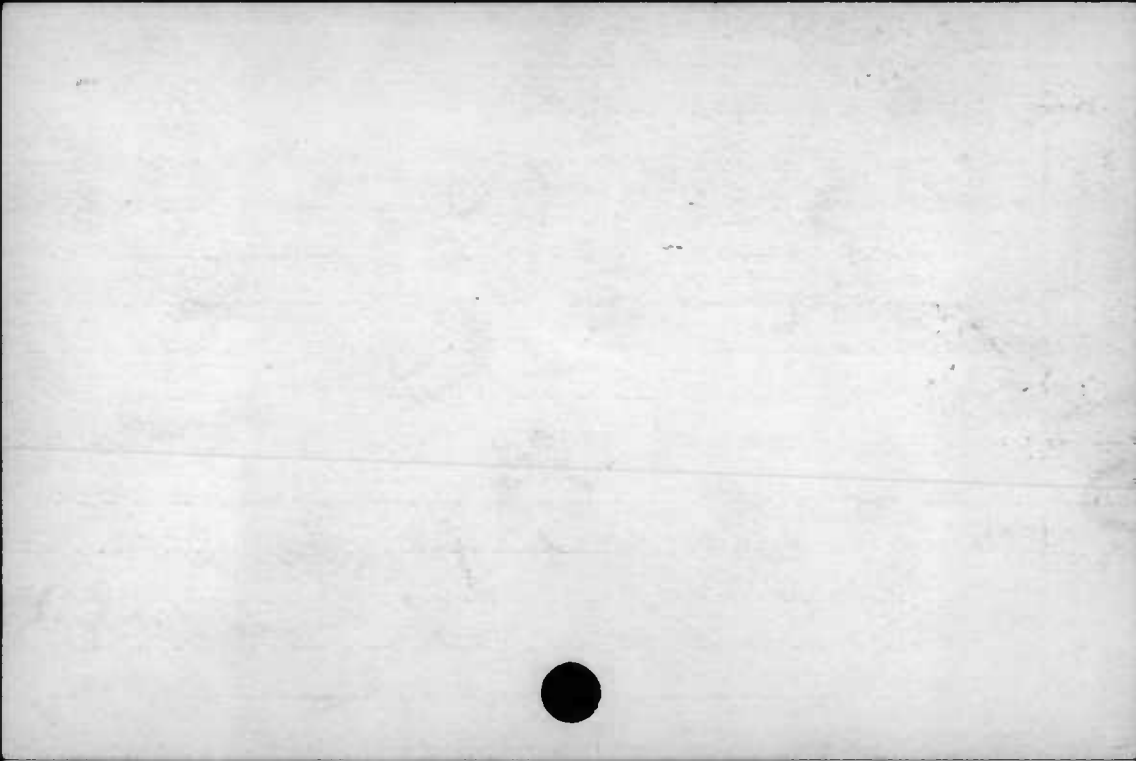
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Hagerstown</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death, 190	Month	Day	Age	Years	Months	Days	
		<i>12</i>		<i>—</i>	<i>8</i>	<i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Benjamin F. Knodde</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Pearl Hattie Born</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Benjamin F. Knodde</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 day</i>
Immediate <i>Toxaemia</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor D. Miller, Jr.</i>
	Address <i>Hagerstown Ind.</i>
Accident <i>—</i> Suicide? <i>—</i>	





Name  
in  
Full

Bruce S. Lamas

## CERTIFICATE OF DEATH

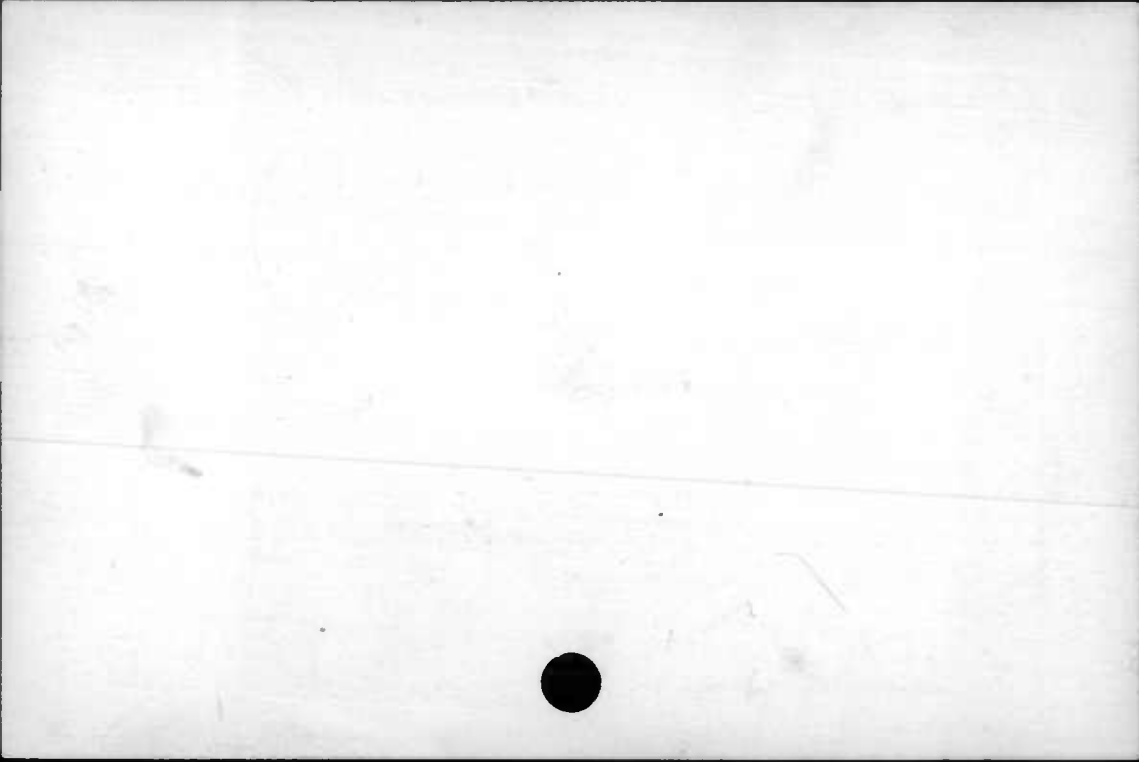
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Benevola</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>13</i>	Age <i>24</i>	Years <i>24</i>	Months <i>—</i> Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wolfsville</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bessie E Bolinger</i>				
Father's Name <i>Lewis Lamas</i>	Father's Birthplace <i>Burkettville, Md</i>				
Mother's Maiden Name <i>Susan C Snyder</i>	Mother's Birthplace <i>Boonsboro Md</i>				
Name of person giving information <i>Austin C Lamas</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 to 3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Austin C. Lamas, M.D.</i>
	Address <i>Middletown, Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Mrs. Lydia Layman

## CERTIFICATE OF DEATH

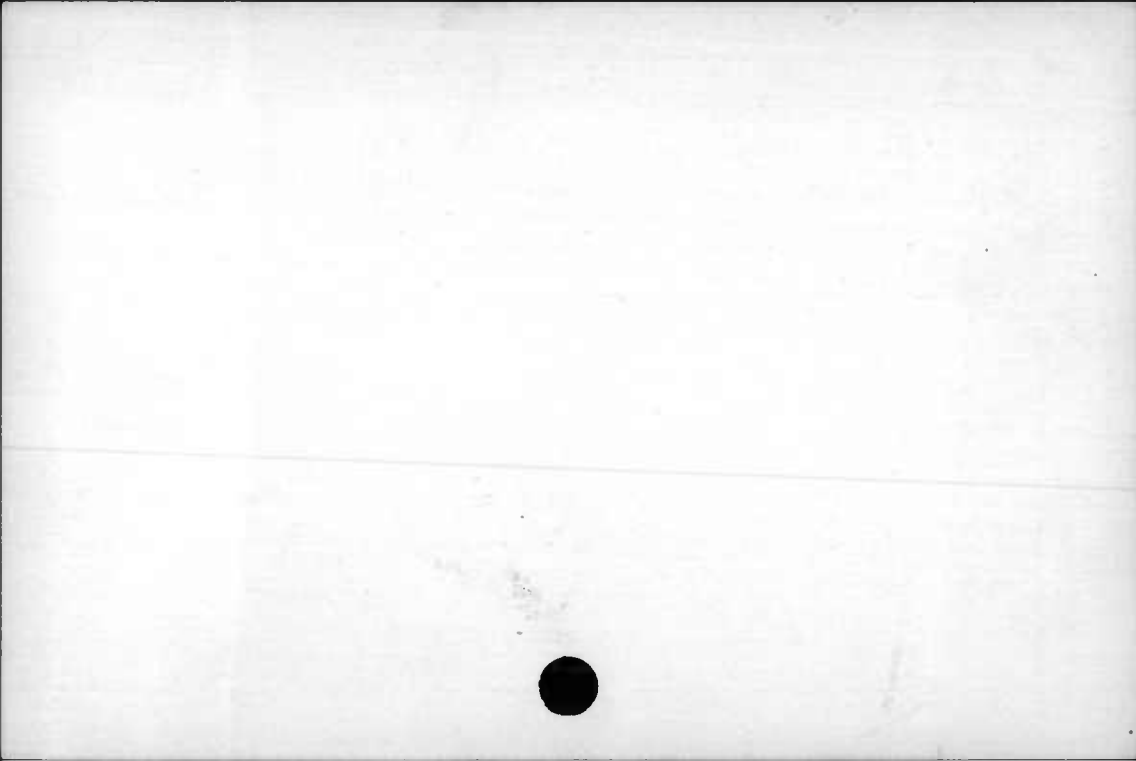
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>from</i> <i>Greencastle</i>		Town <i>Franklin</i>		County <i>Franklin</i>		State <i>Penn</i> MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>19</i>	Age <i>52</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Waynesboro</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband <i>Geo W Layman</i>				
Father's Name <i>Adoniram Bitner</i>			Father's Birthplace				
Mother's Maiden Name <i>Elizabeth Ferguson</i>			Mother's Birthplace				
Name of person giving information <i>Franklin Layman</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Epatitis</i>	How long <i>13 years</i>
Immediate <i>Paralysis of Heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. Howell</i>
	Address <i>Greencastle, Pa</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup> <u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u> <sup>Month</sup> <u>8</u> <sup>Day</sup> <u>27</u> <sup>Years</sup> <u>46</u> <sup>Months</sup> <u>—</u> <sup>Days</sup> <u>—</u>	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>
Occupation <u>Merchant</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband		
Father's Name <u>Jasper Ludevan</u>	Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Martha Ludevan</u>	Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>John Ludevan</u>	How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Multiple Neuritis</u>	How long <u>7 months</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Daniel C. Leavitt</u>
	Address <u>Hagerstown Ind.</u>
Accident or Suicide?	

Guy Meadows.

Name  
in  
Full

William F. Long

## CERTIFICATE OF DEATH

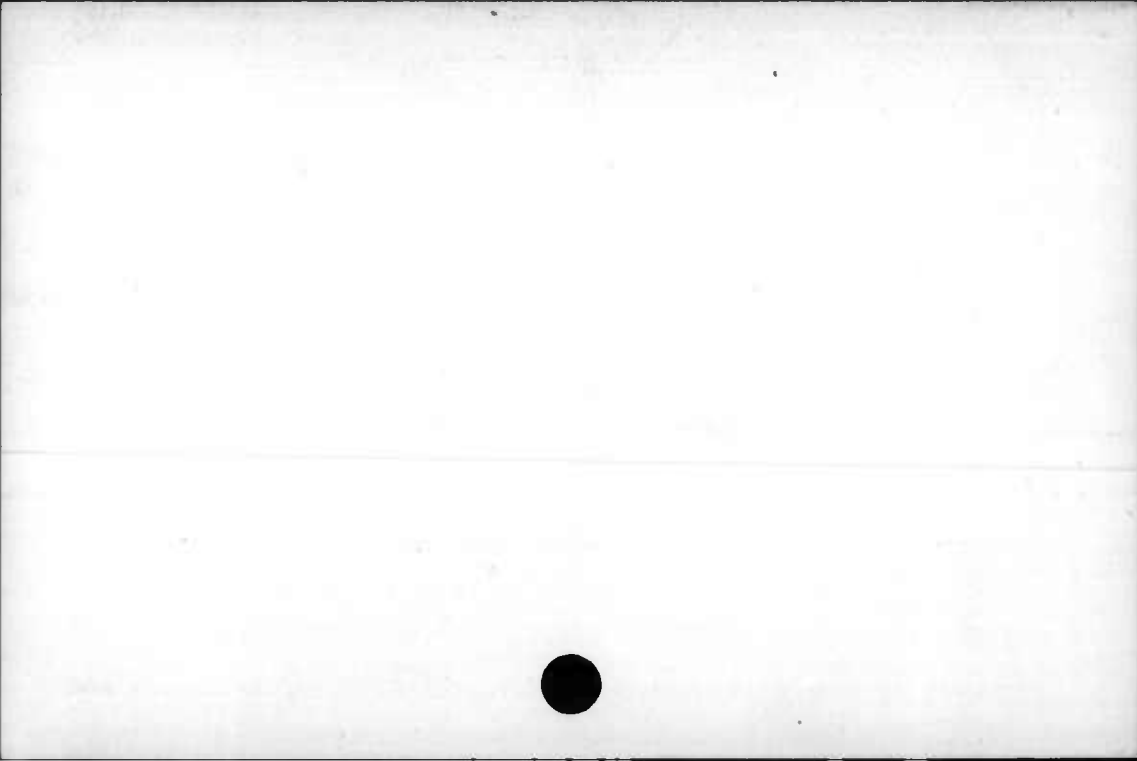
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1904	Month	8	Day	8	Age	67
Sex	Male	Color or Race	White	Birth-place	MD	Months	Days
Occupation	Shoemaker		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Long				
Father's Name	Jesse Long		Father's Birthplace				
Mother's Maiden Name	Elizabeth Leysen		Mother's Birthplace				
Name of person giving Information	Samuel B. Long		How related to deceased				
Son							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Endocarditis &amp; Nephritis</i>		How long	<i>(?)</i>
Immediate	<i>Uraemia</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>Peter Mueller, Jr.</i>	
			Address	
			<i>Hagerstown Md</i>	
Accident or Suicide?		<i>No</i>		





Name  
in  
Full

Charles B. Lyne

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Year	Months	Days	
of death		1905	August	Wed. 16 <sup>th</sup>	Age	71	6
Sex	Male			Color or Race	White		
Occupation	Farmer			Birth-place	Shepherdstown W.VA		
Where Residing if not at place of death							
Married, Single or Widowed	Married			Name of Wife or Husband	Mary E. Lyne		
Father's Name	Jacob Lyne			Father's Birthplace	Shepherdstown W.VA		
Mother's Maiden Name	Mary Wysong			Mother's Birthplace	Charlestown W.VA		
Name of person giving information	Charles A. Lyne			How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	A complication of non-contagious disease		How long	Several years
Immediate	Bronchitis		How long	8 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	D. Howell Esardman
			Address	Sharpsburg Md.
Accident or Suicide?				

R. S. M. Hoffman  
Undertaken

Name  
in  
Full

Bertha Larena McCoanley 267 267  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

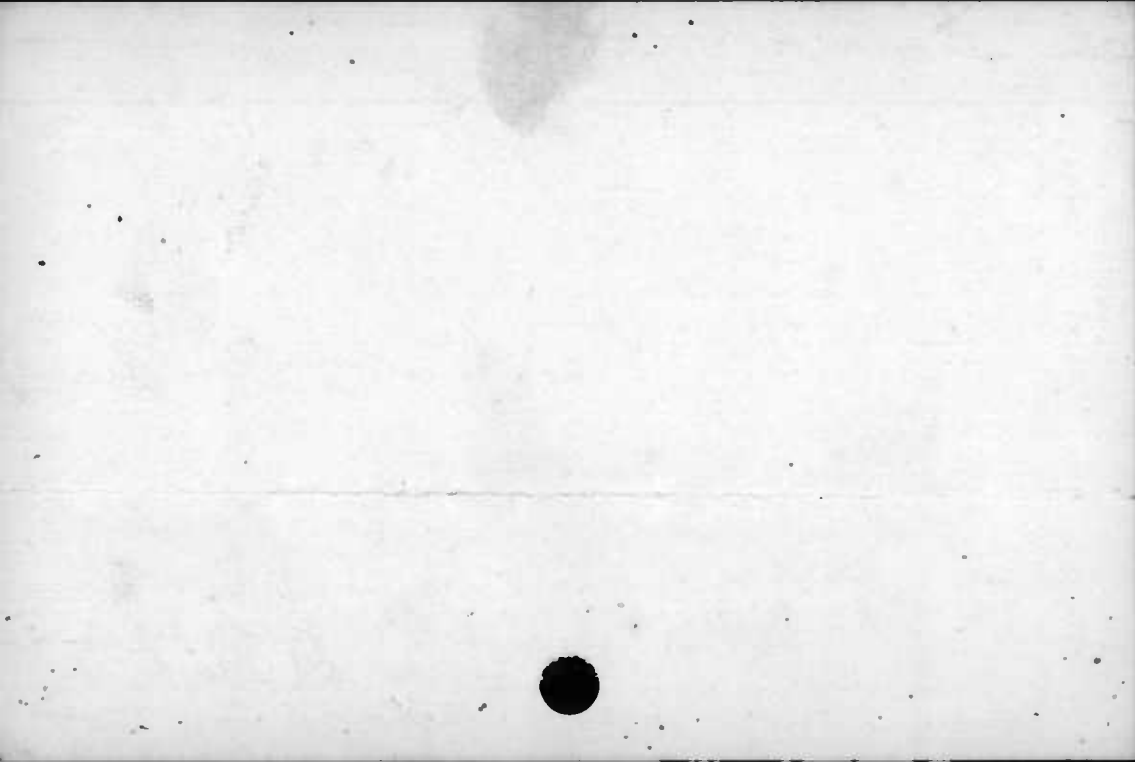
Died at		Town		County		STATE	
Williamport		Washington		Maryland			
Date of death	Month	Day	Age	Years	Months	Days	
1905	8	31			6		
Sex	Female		Color or Race	White		Birth-place	Williamport
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			J. C. McCoanley		Father's Birthplace		
Mother's Maiden Name			Ella L. Cochran		Mother's Birthplace		
Name of person giving information			Father		How related to deceased		

S. M. Haggaman

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mal. assimilation	How long	6 mos
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. M. Haggaman	
Address		Hagerstown, Md.	
Accident or Suicide?		No	



Name  
in  
Full

Charles Walter McElaine

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown		<sup>County</sup> Washington		MARYLAND	
Date of death	1905	Month	8	Day	22
Age		Years	—	Months	4
				Days	3
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph W McElaine	Father's Birthplace			
Mother's Maiden Name	Minnie Hasty	Mother's Birthplace			
Name of person giving information	Joseph W McElaine	How related to deceased			
Father					

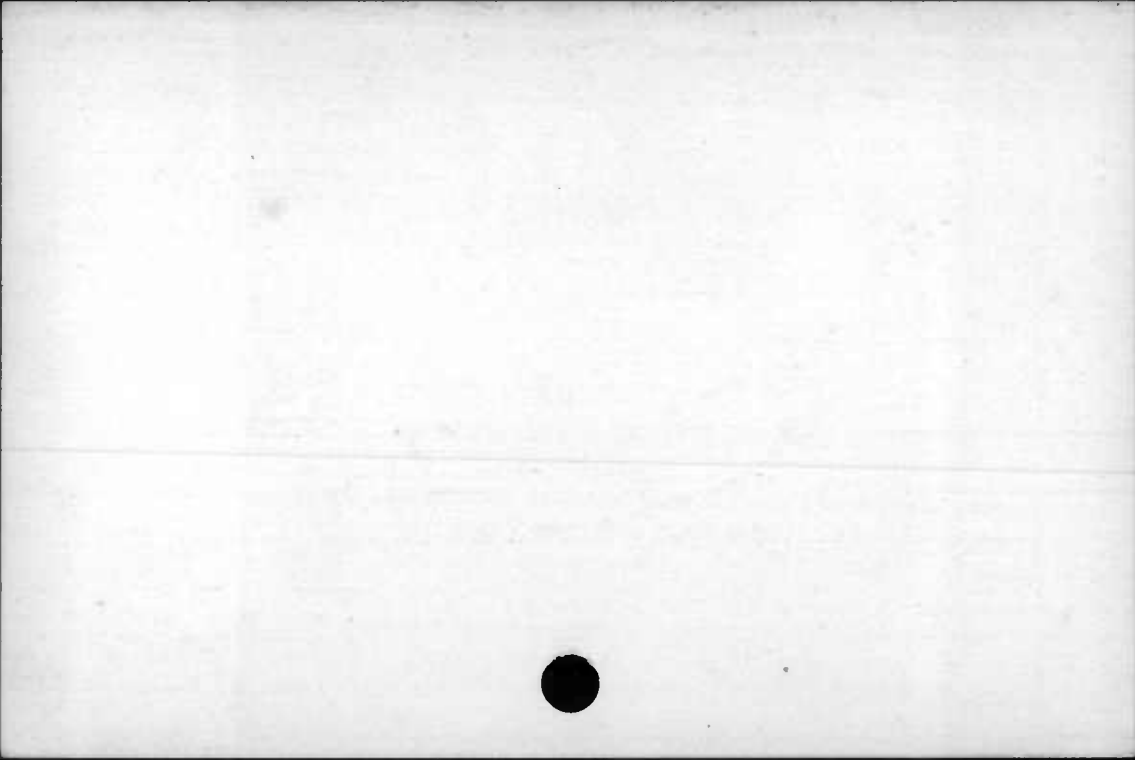
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Indurated	How long	Six weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. E. Pitsenogle M.D.
		Address	Hagerstown
			Ind
Accident or Suicide?			

Roll Hill

Name in Full <b>Lloyd S. McSelen</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Wagontown</b> <sup>Town</sup> <b>Washington</b> <sup>County</sup>		<b>MARYLAND</b>
	Date of death <b>1904</b> <sup>Month</sup> <b>8</b> <sup>Day</sup> <b>26</b> <sup>Age</sup> <b>11</b> <sup>Years</sup> <b>5</b> <sup>Months</sup>		
	Sex <b>Male</b> <sup>Color or Race</sup> <b>White</b> <sup>Birth-place</sup> <b>MD</b>		
	Occupation	Where Residing if not at place of death	
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name <b>Lou E. McSelen</b>	Father's Birthplace <b>Washington</b>	
	Mother's Maiden Name <b>Gladys Stough</b>	Mother's Birthplace <b>MD</b>	
Name of person giving information	How related to deceased <b>Mother</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Conquital Syphilis</b>	How long <b>11 mos</b>	
	Immediate <b>Convulsions</b>	How long <b>Several hours</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>O. M. W. Kagan</b>	
		Address <b>Wagontown, MD</b>	
Accident or Suicide?			





Name  
in  
Full

Elizabeth Mass

8/2/81

## CERTIFICATE OF DEATH

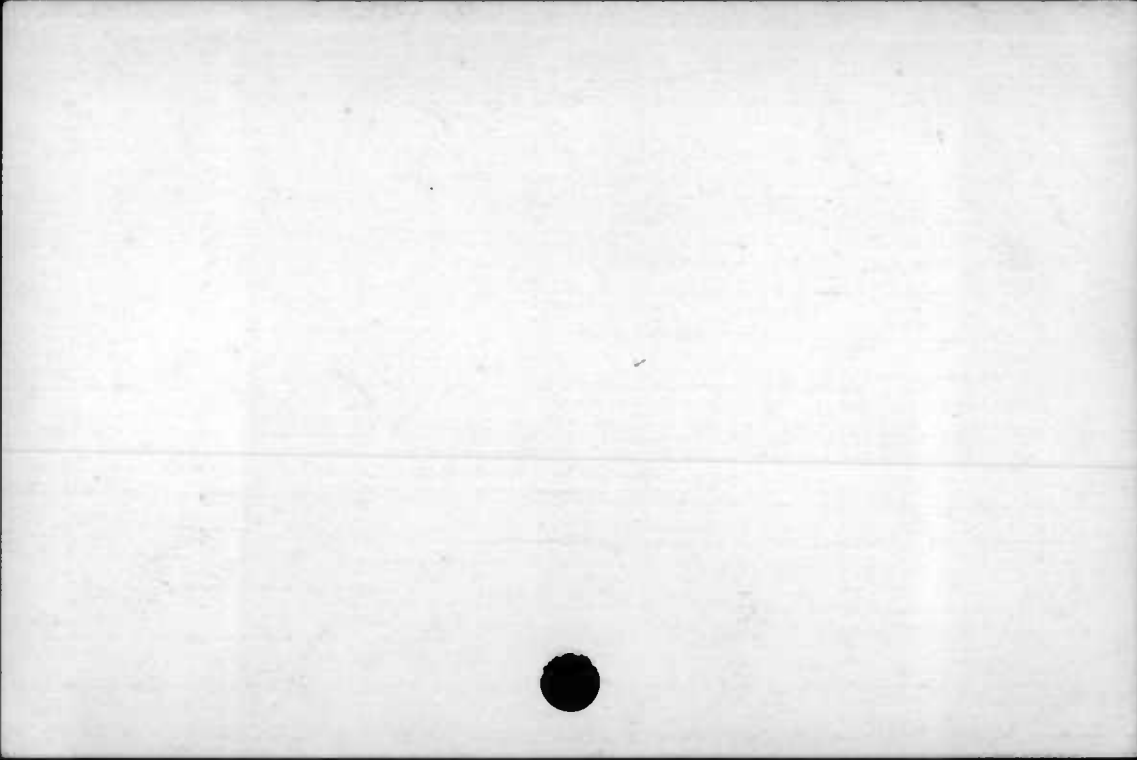
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1903		8	7	Age	86		
Sex	Female		Color or Race	White		Birth-place	Hagerstown
Occupation	Housewife		Where Residing if not at place of death		Hagerstown		
Married, Single or Widowed	Widowed		Name of Wife or Husband		Andrew Mass		
Father's Name	Morris Bomberger				Father's Birthplace	Md	
Mother's Maiden Name	Catharine Betts				Mother's Birthplace	Md	
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Lemuria	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name  
in  
Full

Phoebe Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1908-8-27</i>		Month <i>8</i>		Day <i>27</i>		Age <i>46</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jacob Miller</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Margaret Boward</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Margaret Miller</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Unknown</i>	How long
Immediate	<i>Obstruction of Bowels</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mary A. Laughlin</i>
		Address <i>28 W. Franklin St. Hagerstown</i>
Accident or Suicide?		

Rose Hill

Name in Full

Certificate of Death

Eva Lucille Mirley

Town

County

Died at

Sandy Hook Washington

MARYLAND

Date 189

1905, Aug 4

Age

Native of

Occupation

Sandy Hook child

Month

Day

Y.

M.

D.

Female

White

~~Married~~~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widowers~~

Number of children living

Husband

of

Wife

Father's

Name

Frank Mirley

Mother's

Name

Carrie Mirley

Cause of

Primary

How long sick

one week

Death

Immediate

Cerebro Spinal Meningitis

Accident, Suicide, Homicide

Reported by

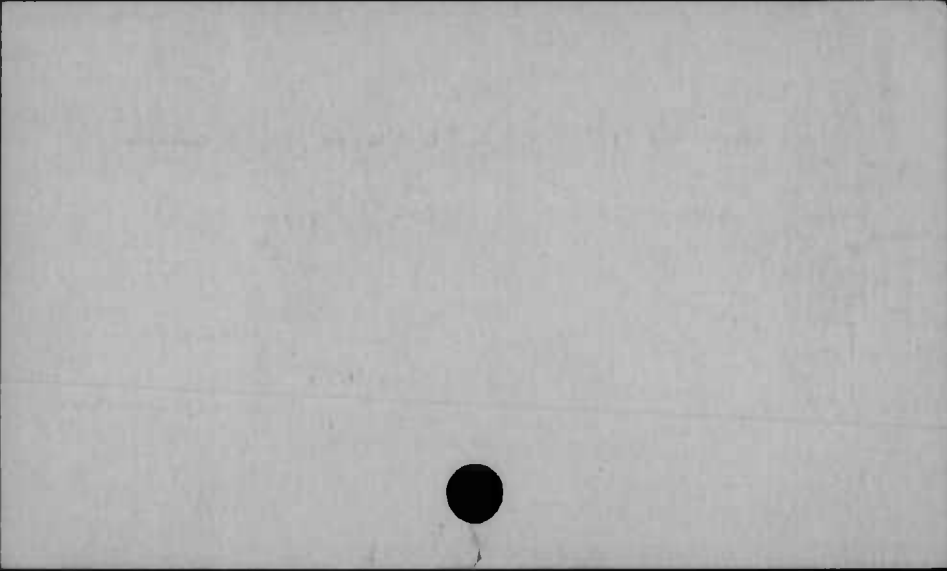
Dr B. B. Ranson

Address

Harpur Ferry

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65950



Name  
in  
Full

Robert Moxby

CERTIFICATE OF DEATH

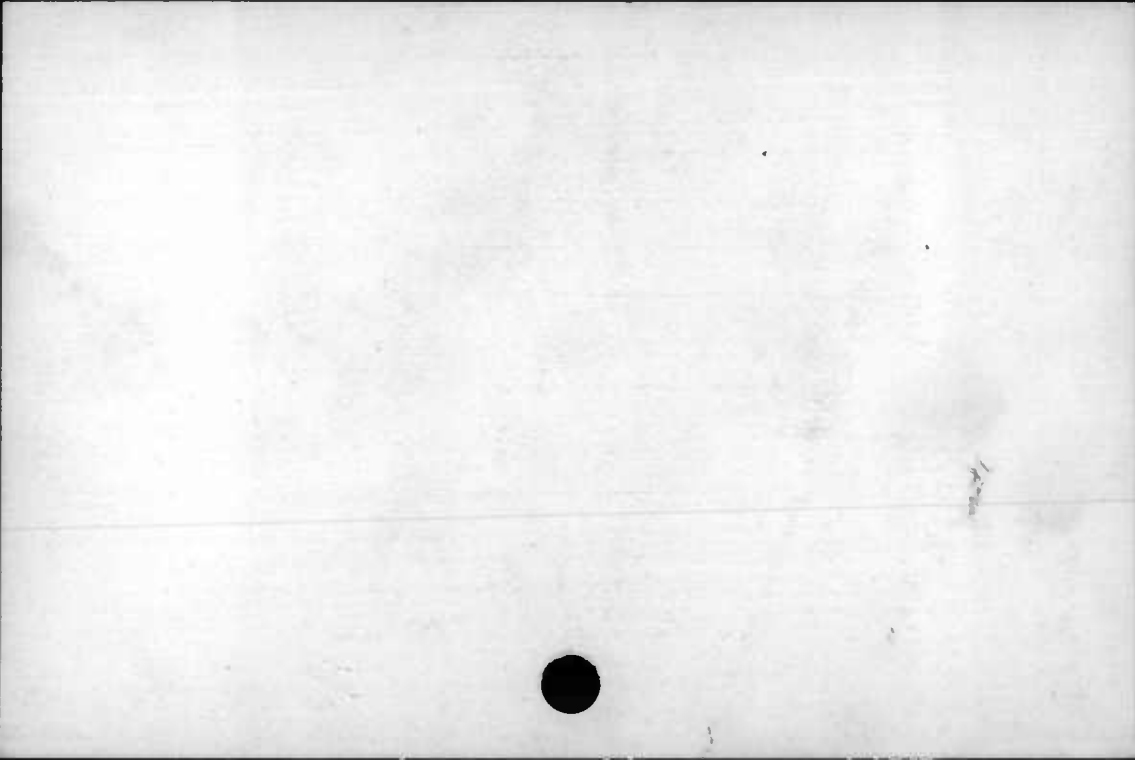
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Haysentown		<sup>County</sup> Washington		MARYLAND	
Date of death	1905	Month	8	Day	11
Age		Years	—	Months	2
Sex	Male	Color or Race	Colored	Birth-place	md
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Edgar Moxby		Father's Birthplace	
Mother's Maiden Name		Nellie Smith		Mother's Birthplace	
Name of person giving information		Edgar Moxby		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. L. Coffman	
Address		Haysentown md	
		Undertaker	
Accident or Suicide?			





Name  
in  
Full

Mr Priscilla B. Negley.

CERTIFICATE OF DEATH

Mass.  
~~MARYLAND~~

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Worcester</u>		Town		County	
Date of death	1905	Month	8	Day	2
Age		75		Years	
Months				Days	
Sex	Female		Color or Race	white	
Birth-place	Mass				
Occupation	Sh.V.		Where Residing if not at place of death		
Married, Single or Widowed	widow		Name of Wife or Husband	Peter Negley	
Father's Name	Geo. Lazelle		Father's Birthplace	Mass	
Mother's Maiden Name	Not known		Mother's Birthplace		
Name of person giving information	J.B. Larose		How related to deceased	none	

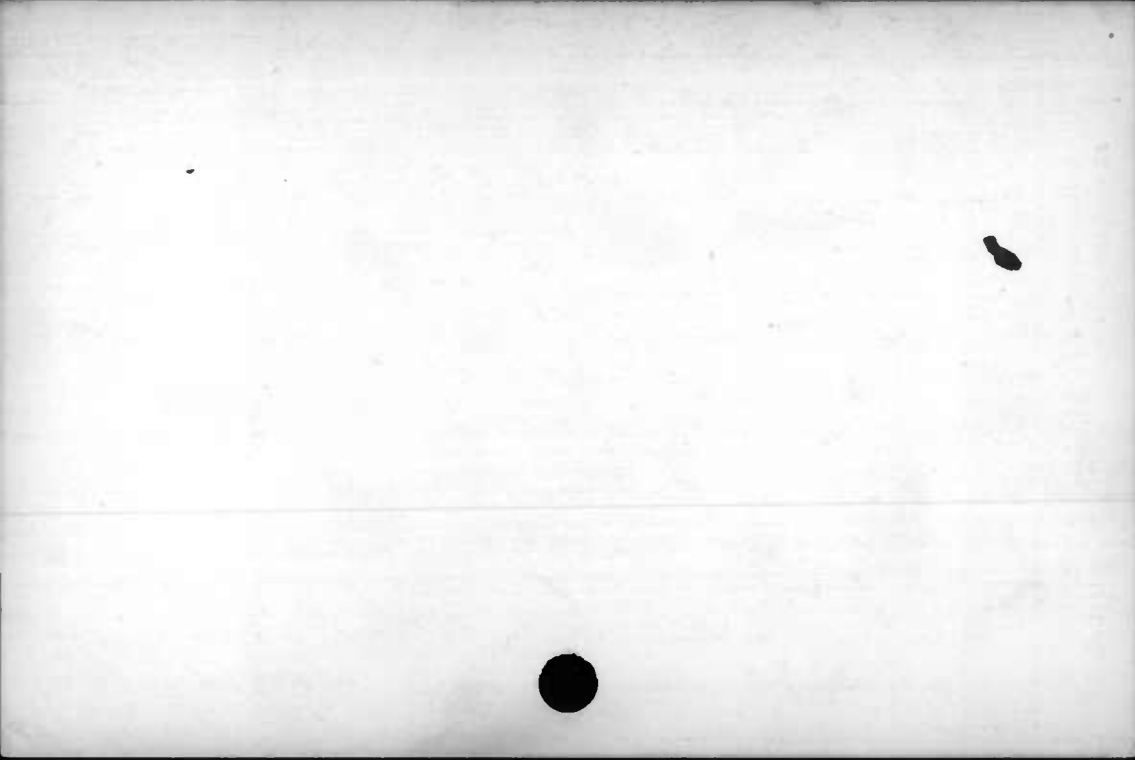
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
yes	Signature of Physician
	Address
Accident or Suicide?	

Dysentery

Undertaker  
Kagerström



Name  
in  
Full

Camilla Potts

259

## CERTIFICATE OF DEATH

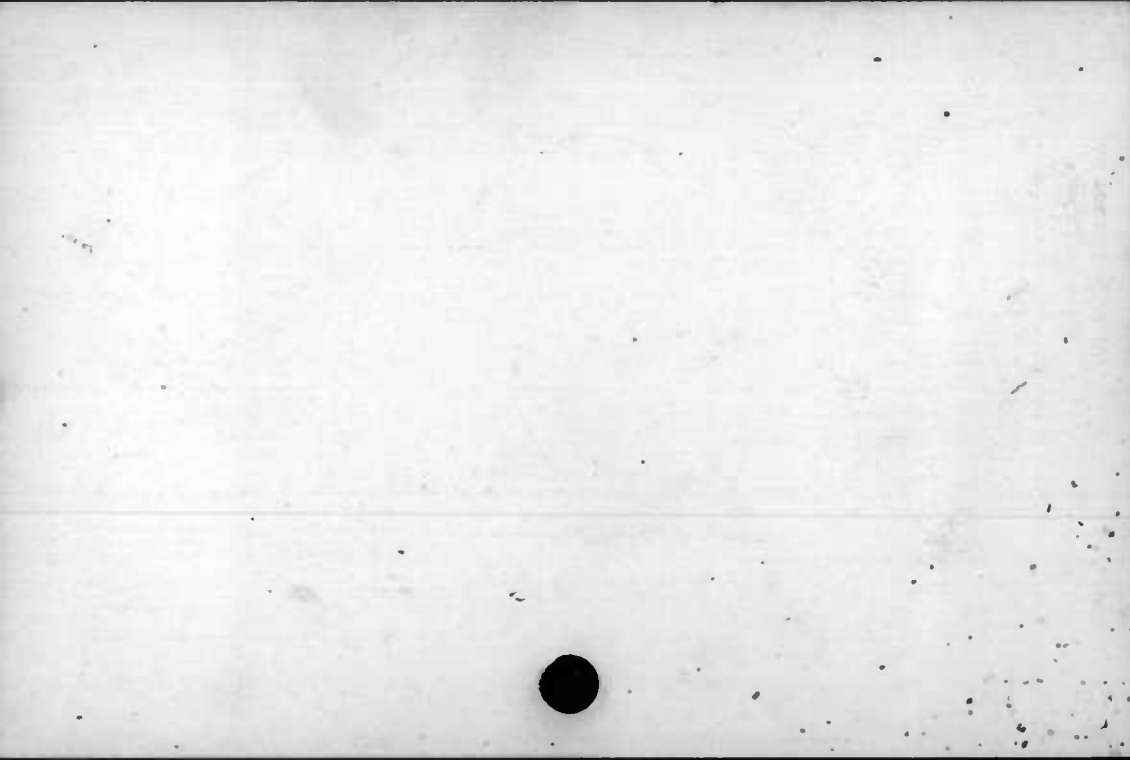
TO BE ANSWERED BY  
-NEAREST FRIEND

Died at <i>Priesburg</i>		Town <i>Priesburg</i>		County <i>Was -</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Aug</i>		Day <i>2</i>		Age <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Priesburg</i>		Months <i>15</i>	
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Geo W Potts</i>		Father's Birthplace <i>Priesburg</i>					
Mother's Maiden Name <i>Elizabeth Harsh</i>		Mother's Birthplace <i>Williamsport</i>					
Name of person giving information <i>Geo W. Potts</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Alleo-coletis</i>	How long <i>few days</i>
Immediate <i>Alleo-coletis</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. L. Lasher</i>
	Address <i>Williamsport</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
Full

Earnest. Gill. Reese

## CERTIFICATE OF DEATH

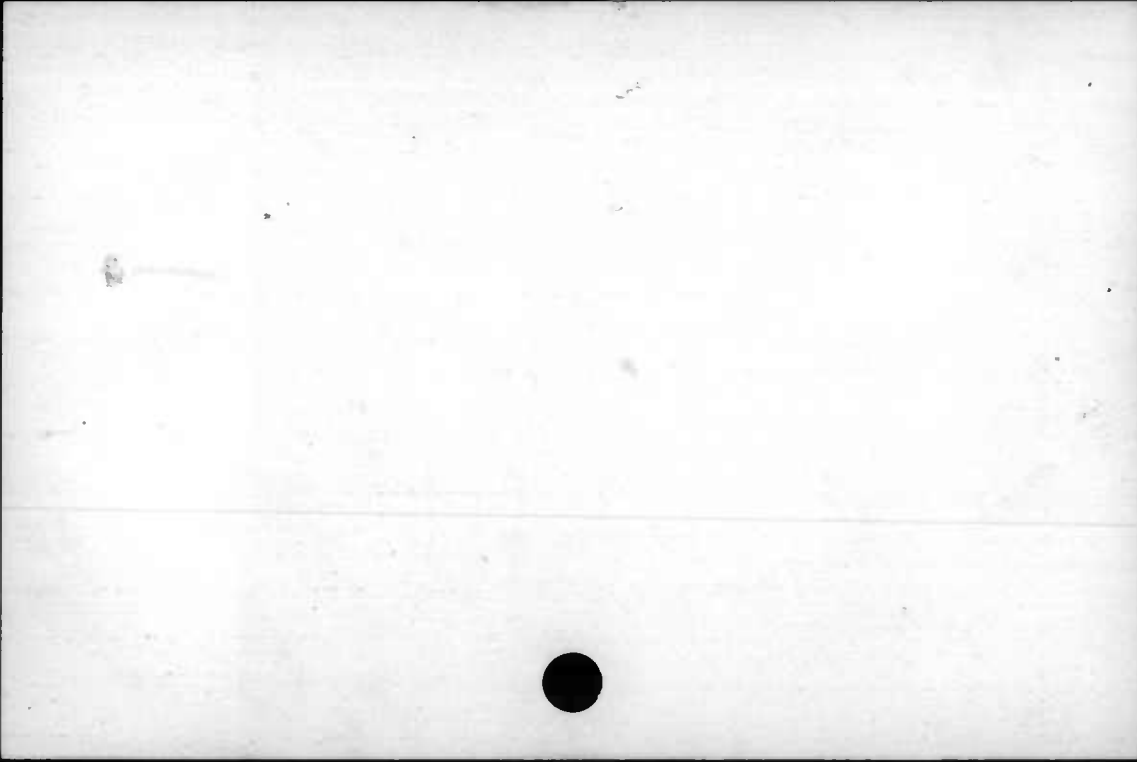
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beaver Creek Washington</i>		County		MARYLAND	
Date of death <i>1905 Aug</i>	Month	Day <i>24</i>	Age	<i>7</i> Months	Days
Sex <i>male</i>	Color or Race <i>wh</i>		Birth-place <i>Maryland</i>		
Occupation <i>-</i>	Where Residing if not at place of death <i>Beaver Creek</i>				
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Samuel Reese</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Della Costello</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John Reese</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Wol. Infarctum</i>	How long <i>3 days</i>
Immediate <i>meningitis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Davis M.D.</i>
	Address <i>Boonsboro Maryland</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

Susan S. Penihart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		Month 1904	Day 8	Age	Years 52	Months	Days
Sex	Female		Color or Race	White		Birth-place	MD
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Daniel B. Penihart				Father's Birthplace	
Mother's Maiden Name		Eliza A. Miller				Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	droopy		How long	3 months
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. W. Umsted MD
				Address	Hagerstown MD
	Accident or Suicide?				

Bury in Cheeverville  
Nathans



Name  
in  
Full

## CERTIFICATE OF DEATH

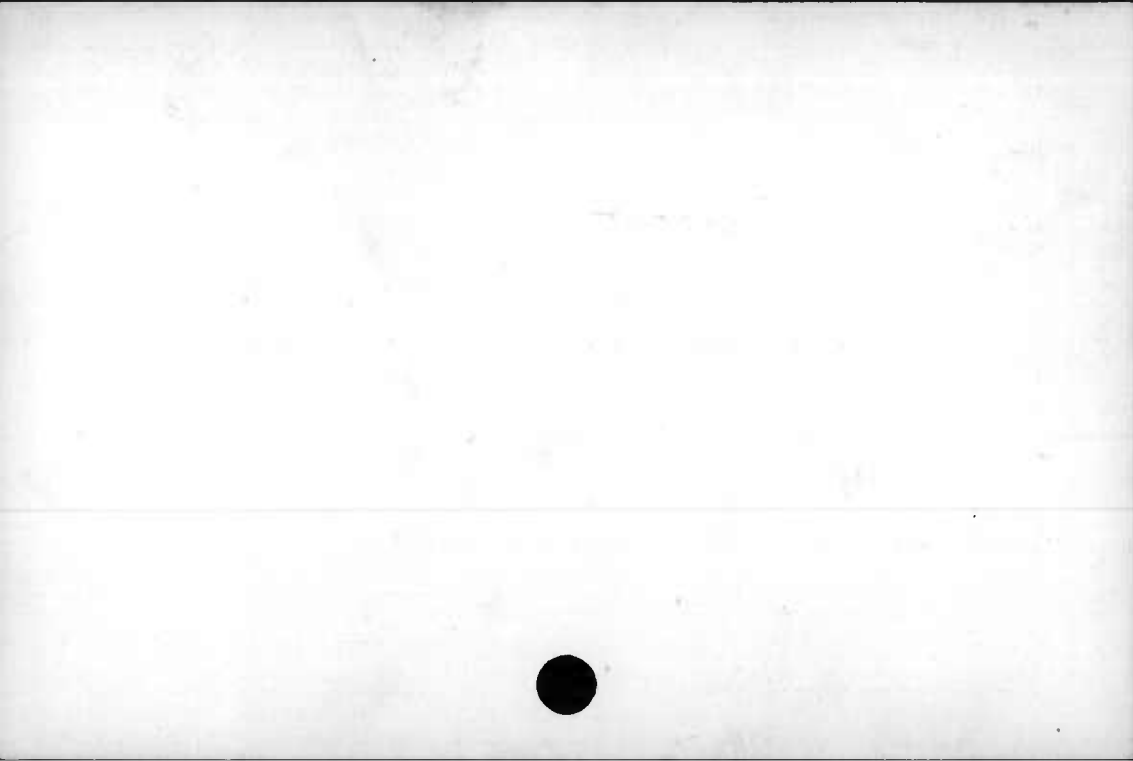
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John N. Ripple</b>		Town <b>Hagerstown</b>		County <b>Wash.</b>		MARYLAND	
Died at <b>Hagerstown</b>		Date of death <b>1905</b>		Age <b>51</b>		Months <b>2</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Md.</b>		Days <b>—</b>	
Occupation <b>Retired Stock Dealer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Mrs Beatie J. Ripple</b>					
Father's Name <b>Lewis Ripple</b>		Father's Birthplace <b>Penn.</b>					
Mother's Maiden Name <b>Elizabeth Newcomer</b>		Mother's Birthplace <b>Md.</b>					
Name of person giving Information <b>Mrs J. N. Ripple</b>		How related to deceased <b>wife</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Chronic Diarrhorea</b>		How long <b>3 weeks</b>	
Immediate <b>Exhaustion</b>		How long <b>1</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Victor D. Miller, Jr.</b>	
Address <b>Hagerstown Md</b>		Accident or *Suicide? <b>no</b>	



Name  
in  
Full

Eud S Schock

## CERTIFICATE OF DEATH

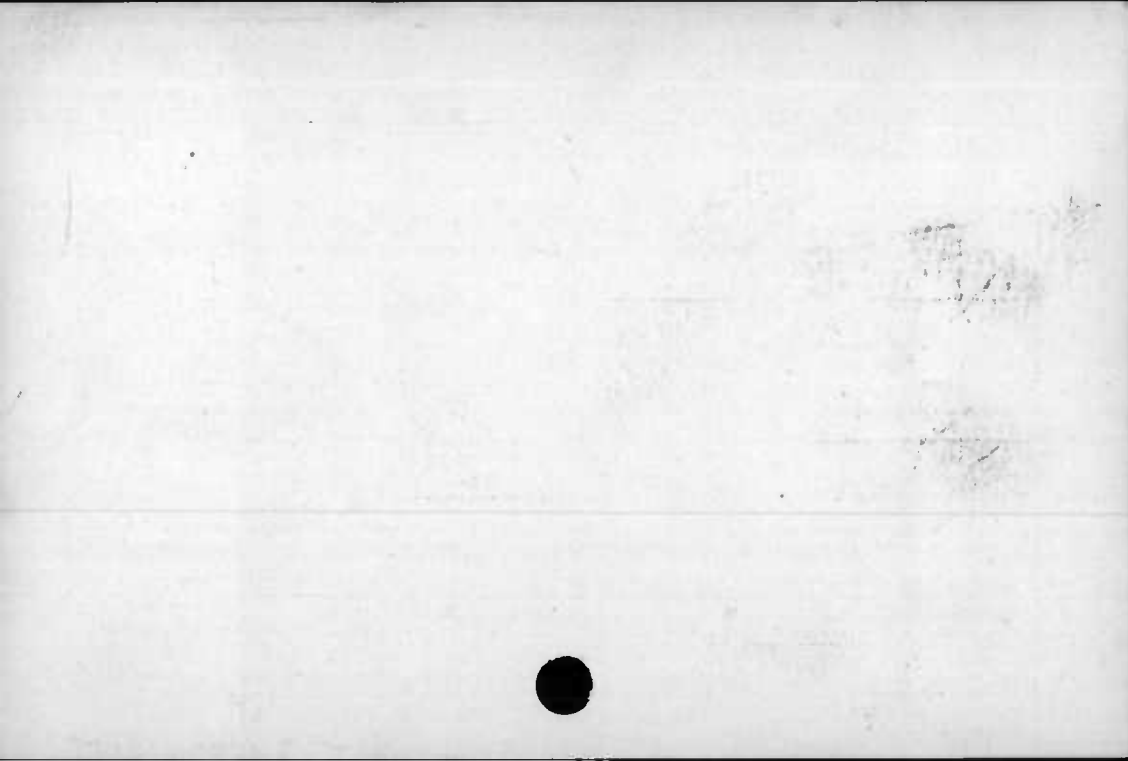
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Richmond</u>		County <u>_____</u>		State <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>8</u>	Day <u>25</u>	Years <u>34</u>	Months <u>2</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>Salesman</u>	Where Residing if not at place of death <u>Baltimore</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eva Schock</u>				
Father's Name <u>John Schock</u>	Father's Birthplace <u>Md</u>			Mother's Birthplace <u>Md</u>	
Mother's Maiden Name <u>Emma Harris</u>	How related to deceased <u>Father</u>				
Name of person giving information <u>John Schock</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
<u>Suicide dose of Laudrum</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <u>A. W. Bennett</u>
	<u>Funeral Director</u>
Accident or Suicide?	



Name  
in  
Full

Louise J Sellers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Broadfording</i>		Town <i>Washington</i>		County	
Date of death 1905		Month <i>8</i>	Day <i>22</i>	Age <i>44</i>	Years <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Married, Single or Widowed <i>Married</i>		Occupation			
Name of Wife or Husband <i>Harry A Sellers</i>					
Father's Name <i>David Dittinger</i>				Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Mary A Spigler</i>				Mother's Birthplace <i>Md</i>	
Name of person giving information <i>Harry A Sellers</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Myocardial</i>	How long <i>2 weeks</i>
Immediate <i>Arterio Sclerosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. E. R. Miller M.D.</i>
	Address <i>Wilmington Delaware Pa.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Millard F Smith

CERTIFICATE OF DEATH

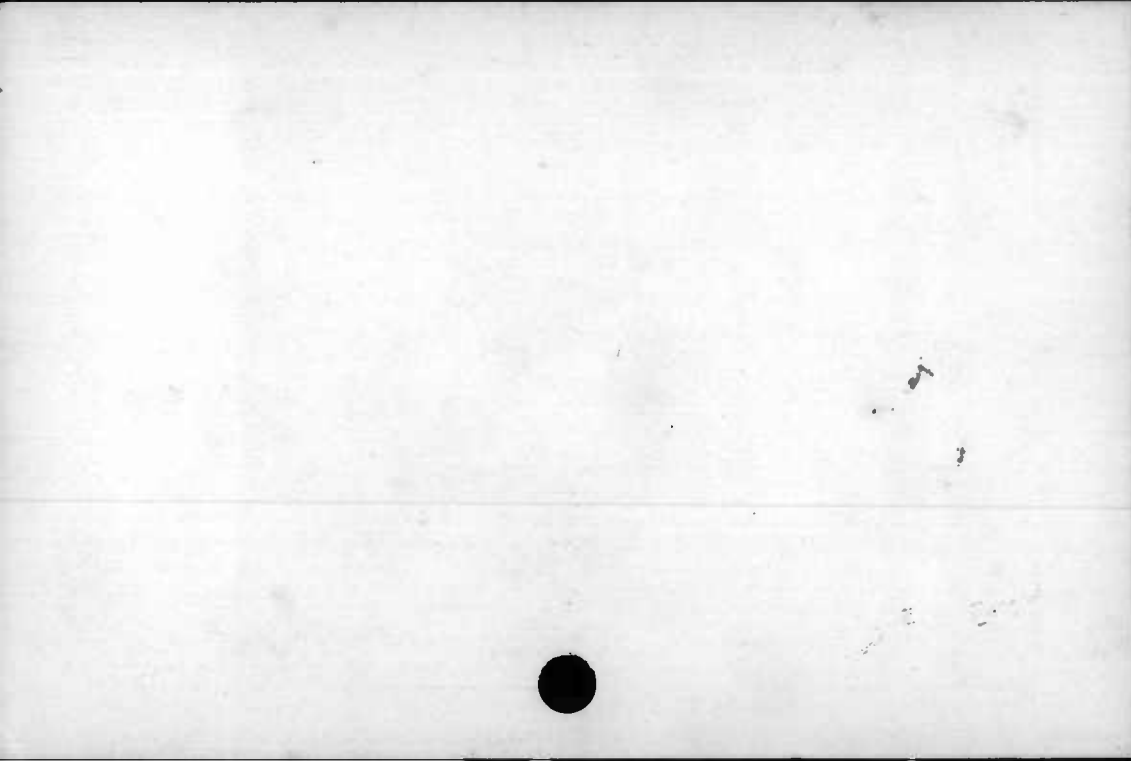
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Neat</sup> <i>Smithsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup> <i>co</i>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>Aug</i> <sup>Day</sup> <i>14</i>		Age <i>—</i> <sup>Years</sup>		<sup>Months</sup> <i>10</i> <sup>Days</sup> <i>14</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		<sup>near</sup> Birth-place <i>Smithsburg</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John H C Smith</i>		Father's Birthplace <i>Fredricks co</i>			
Mother's Maiden Name <i>Nettie M Byrum</i>		Mother's Birthplace <i>Smithsburg</i>			
Name of person giving information <i>Father of infant</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>collaps</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J L Massie MD</i>	
		Address <i>Smithsburg</i>	
Accident or Suicide?			





Name

in  
Full

## CERTIFICATE OF DEATH

Nellie May Smith

Town

County

Died at

Tilghmanston

Washington

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

8

22

Age

1

1

13

Sex

Female

Color or  
Race

White

Birth-  
place

Tilghmanston

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

William Smith

Father's  
Birthplace

Tilghmanston

Mother's  
Maiden Name

Maudie D. Shaw

Mother's  
Birthplace

Luttrellsburg

Name of person giving  
Information

Maudie D. Smith

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Dysentery

How long

2 mos.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

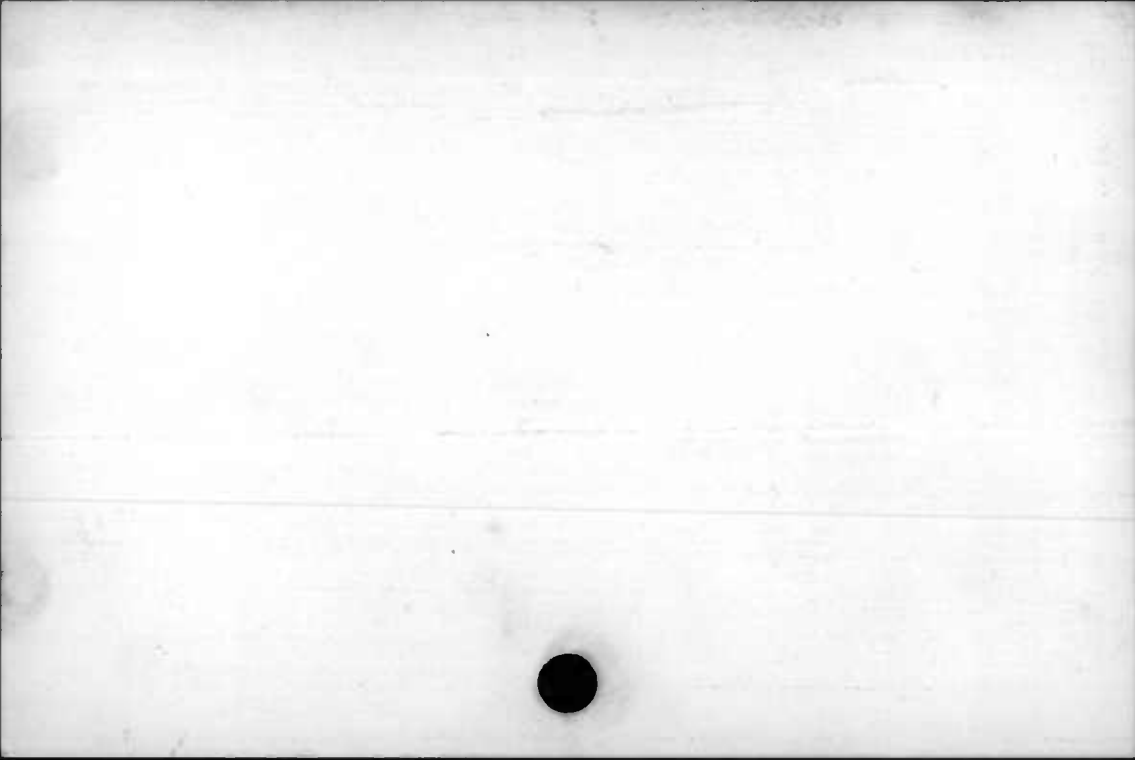
Signature of  
Physician

Address

V.M. Reichard  
Fairplay,

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine Stoltmeyer

## CERTIFICATE OF DEATH

Died at Smoke Town

County Wash.

MARYLAND

Date of death 1905- Aug

Day 9

Age 63

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Fred Co

Occupation

H. Wife

Where Residing if not  
at place of death

Smoke Town

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Wilson Stoltmeyer

Father's  
Name

Benj. Shuff

Father's  
Birthplace

F. Co

Mother's  
Maiden Name

Marg. Duff

Mother's  
Birthplace

F. Co

Name of person giving  
information

Wilson Stoltmeyer

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Colitis

How long

3 wks.

Immediate

Exhaustion

How long

Inured.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

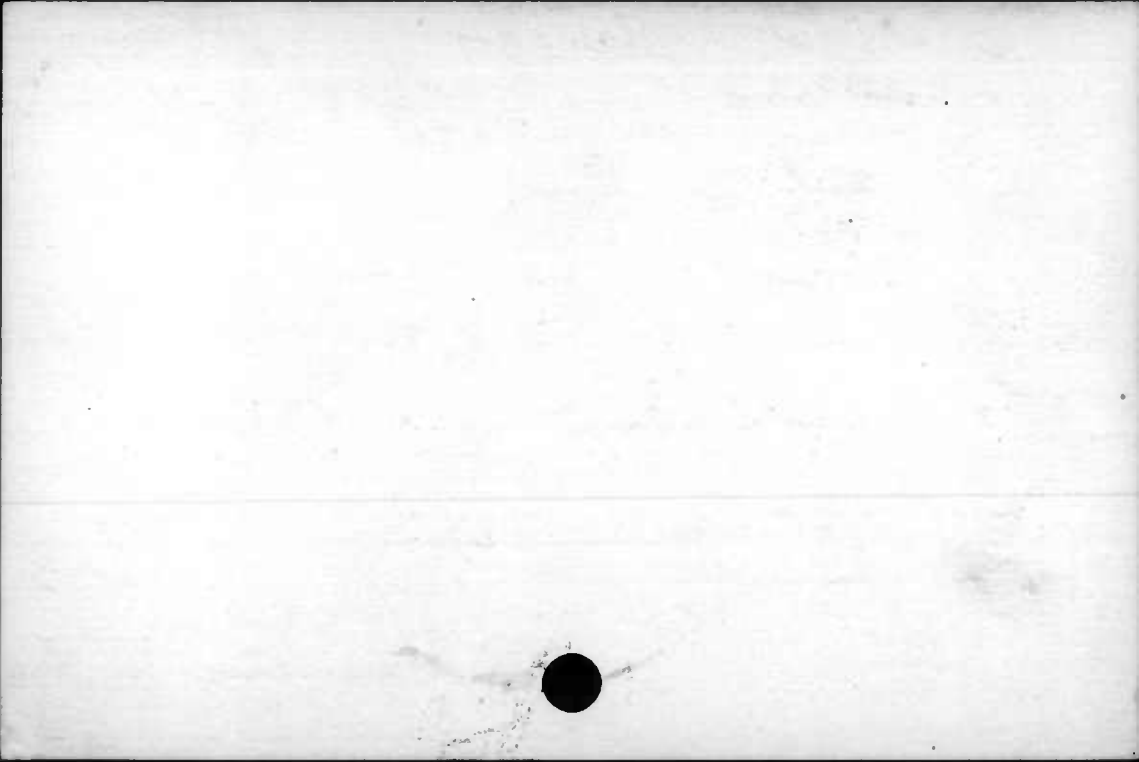
S. S. Davis

Address

Borneboro  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

David Stouffer

## CERTIFICATE OF DEATH

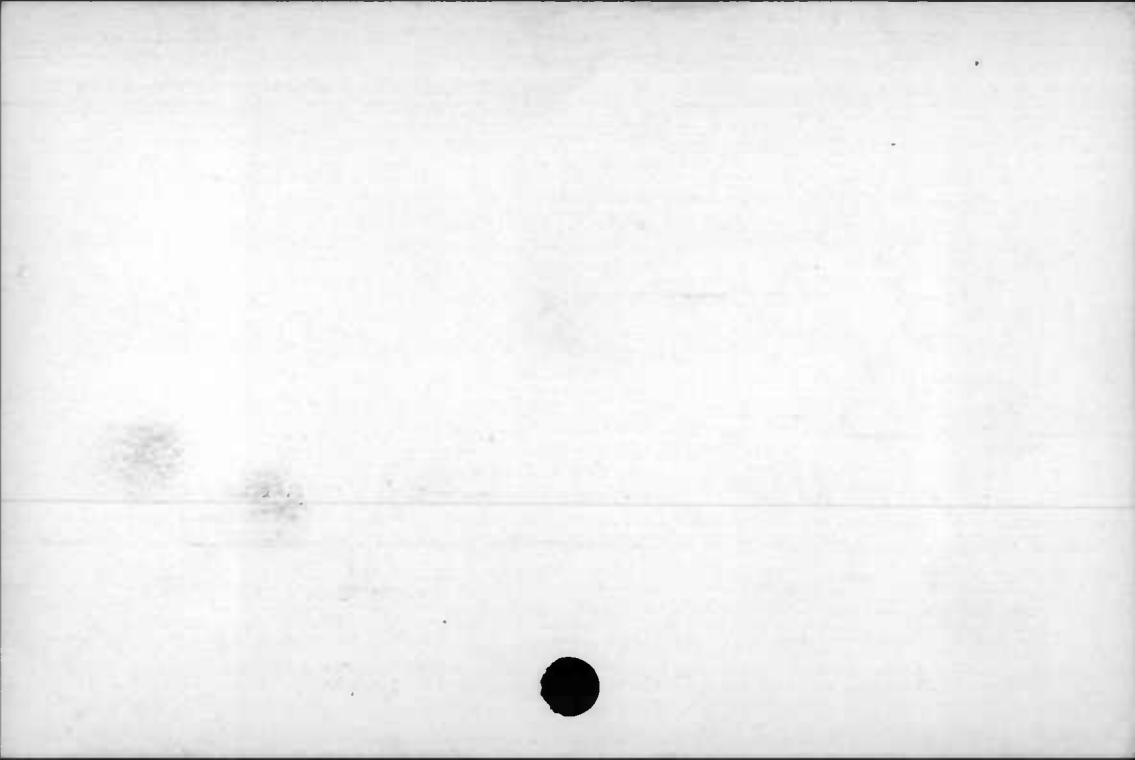
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> Town		<i>Washington</i> County		MARYLAND		
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>18</i>	Age <i>75</i>	Years <i>75</i>	Months <i>3</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wash G Md</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>					
Father's Name <i>-</i>			Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>			Mother's Birthplace			
Name of person giving information <i>W.C. Stouffer</i>			How related to deceased <i>Nephew</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>6 mos</i>
Immediate <i>Emphysema</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.B. Morrison</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

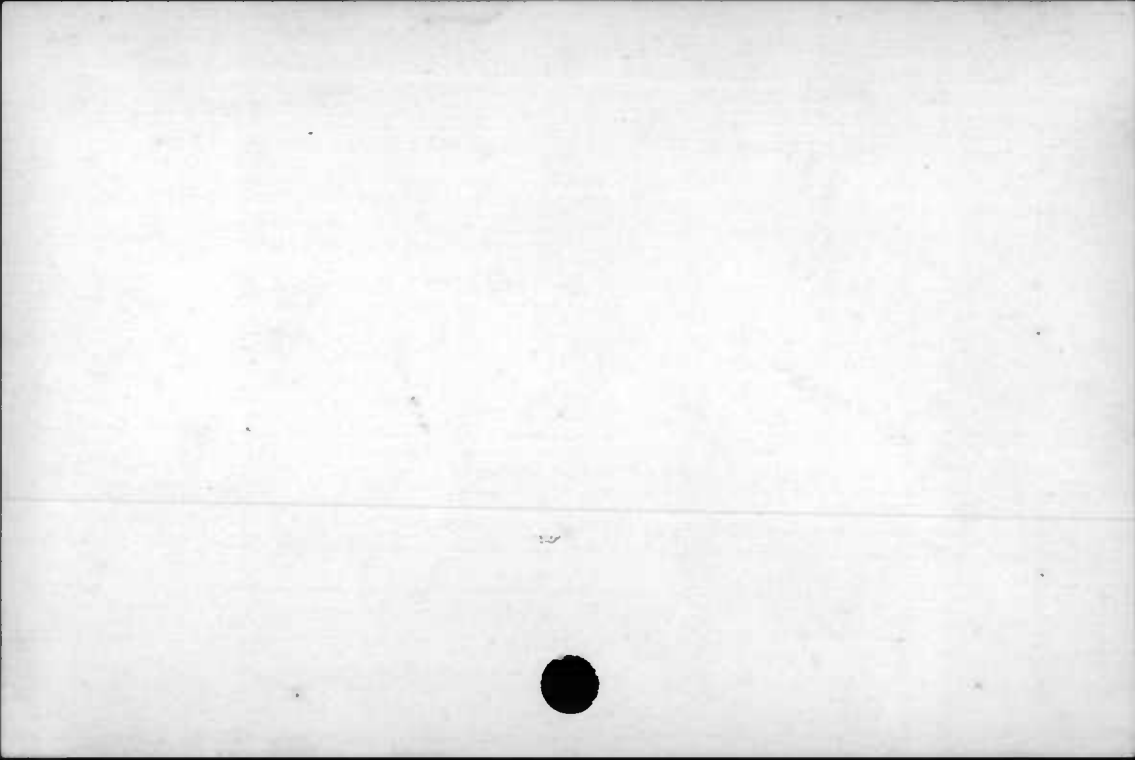
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Barbara Swope</i>		Town <i>Wilson</i>		County <i>Wash.</i>		MARYLAND	
Died at <i>Wilson</i>		Date of death <i>1905 Aug 13</i>		Age <i>72</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Greensburg Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Swope</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Geo. S. Lockler</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic disease of liver &amp; spleen</i>		How long <i>8 months</i>	
Immediate <i>Ejaculation &amp; Dropsy</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>O. H. W. Rager M. D.</i>	
<i>Frantz Bros Undertakers</i>		Address <i>Hagerstown</i>	
Accident or Suicide?		<i>in attendance</i>	





Name  
in  
Full

Erastine Turner

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1901 <sup>Month</sup> 8 <sup>Day</sup> 8 Age <sup>Years</sup> 4 <sup>Months</sup> 4 <sup>Days</sup>

Sex Female Color or Race Colored Birth-place Md

Occupation Child Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Frank Turner Father's Birthplace Va.

Mother's Maiden Name Liday Walker Mother's Birthplace Md

Name of person giving information Frank Turner How related to deceased Father

CAUSES OF DEATH

Primary Cause of Death Cerebral Meningitis 4 days

Immediate Cause of Death Exhaustion 4 days

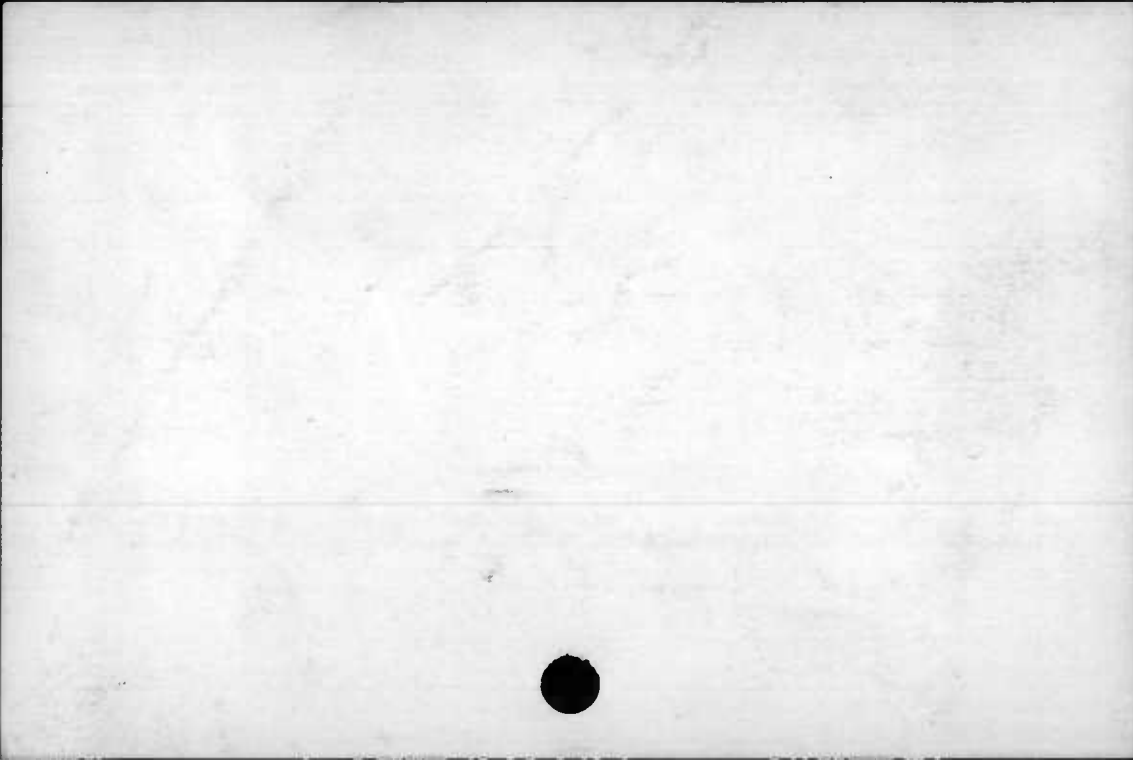
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lewis Allen Weaver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clear Spring</i> <sup>Town</sup>		<i>Trask</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>Aug</i> <sup>Day</sup> <i>16</i>		Age <i>55</i> <sup>Years</sup>		<i>9</i> <sup>Months</sup> <i>10</i> <sup>Days</sup>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>on farm Clear Spring Dist</i>			
Married, <del>Single</del> <del>or Widowed</del>		Name of Wife or <del>husband</del> <i>Rebecca Reppe</i>			
Father's Name <i>Christian Weaver</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Rockwell</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mrs Weaver</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Hemorrhage</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Critzman Ind</i>
<i>Frantz Bros</i> <i>Undertakers</i>	Address <i>Fairview Ind</i>
Accident or Suicide?	



Name  
in  
Full

Leena Alberta Werking

## CERTIFICATE OF DEATH

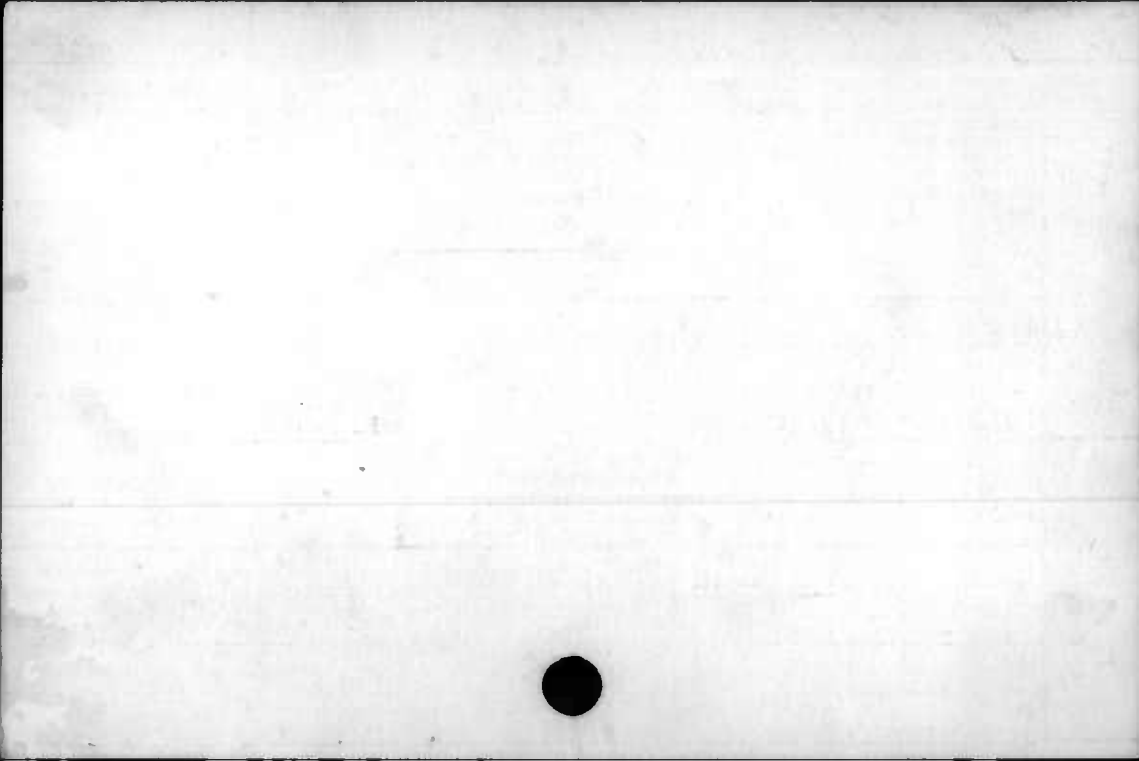
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>bretheds</i>		County <i>bretheds</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>8</i>	Day <i>6</i>	Age <i>5</i>	Months <i>5</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>bretheds</i>		
Occupation <i>Nurse</i>			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Leonard F. Werking</i>			Father's Birthplace <i>Woodsburg, Md.</i>		
Mother's Maiden Name <i>Lora A. Fox</i>			Mother's Birthplace <i>Leitersburg</i>		
Name of person giving Information <i>Leonard Werking</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>5</i>
Immediate	<i>Cholera Infantum</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. Wingard</i>
<i>yes</i>		Address <i>Garrettsville, Ohio</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

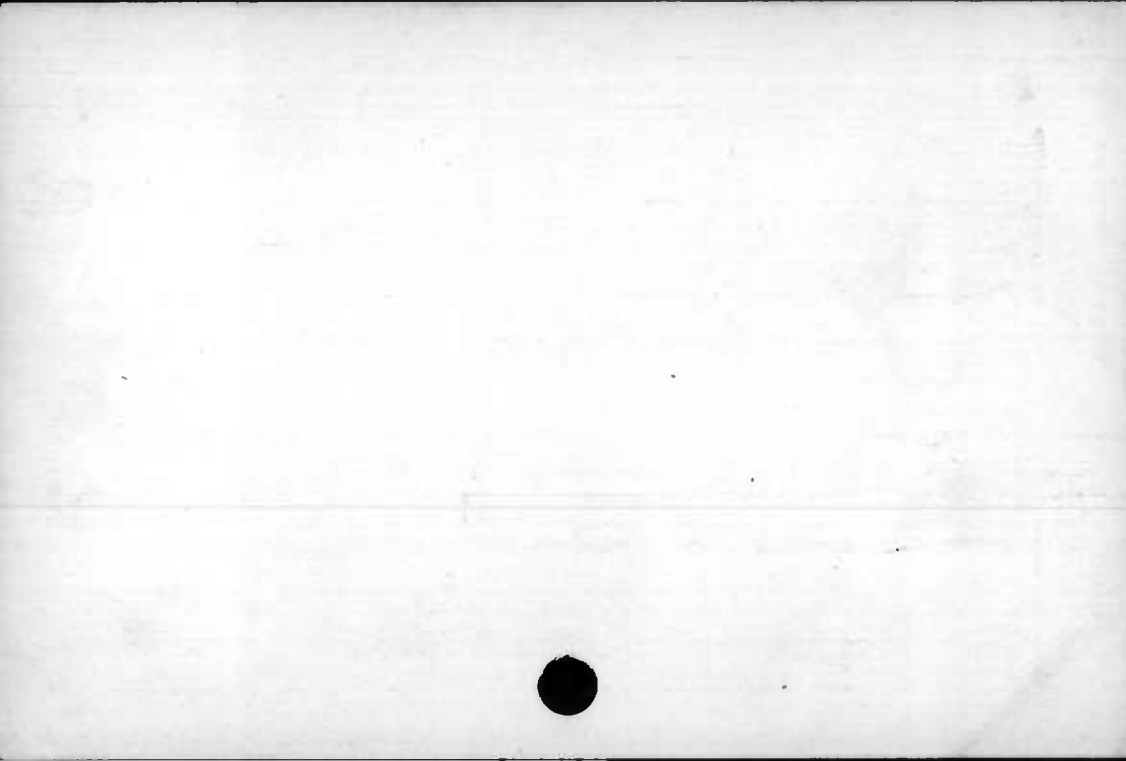
TO BE ANSWERED BY  
NEAREST FRIEND

Castella		Washington		MARYLAND	
Died at		Town		County	
Hagerstown		Washington			
Date of death		Month	Day	Age	Years
1903		8	11		27
Sex		Color or Race		Birth-place	
Female		White		Md	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Joseph Washington		Father's Birthplace	
				Md	
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Cholera Infantum	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	L. M. Watkins
	Address
	Undertaker
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

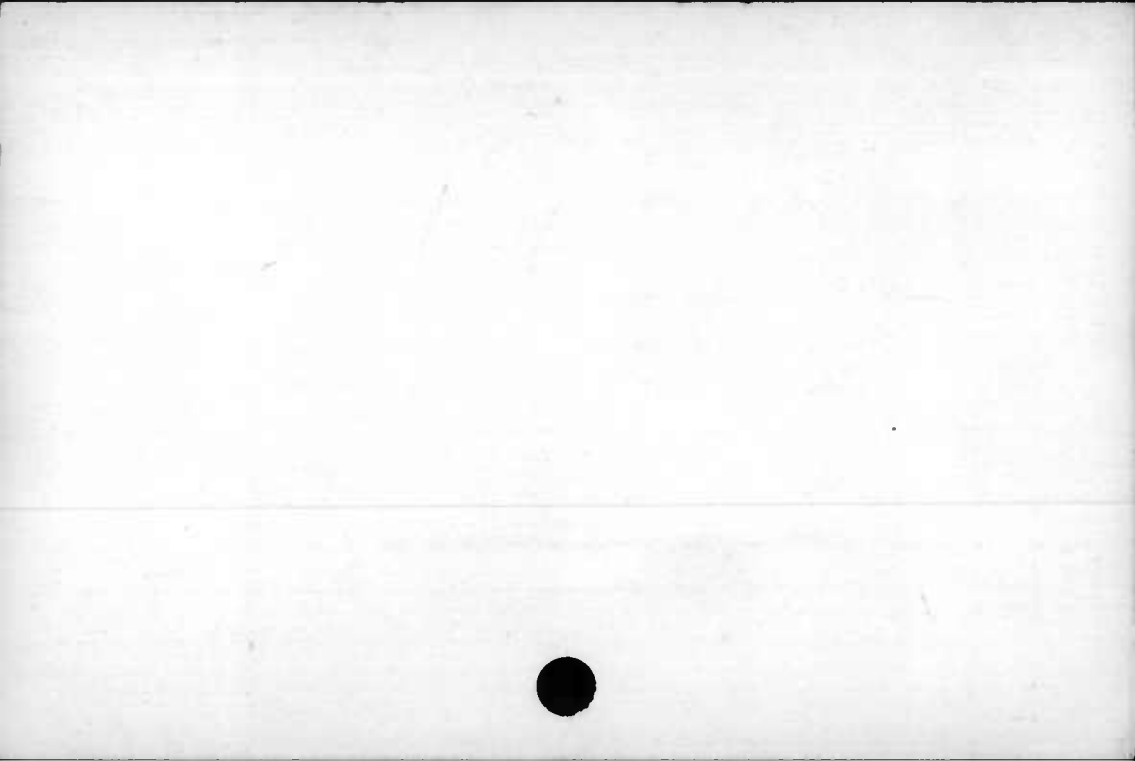
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>8</i>		Day <i>6</i>		Age <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph Washington</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Kathie Leeper</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Cholera Infantum</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>Undertaker, L. M. Watkins</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	



Name  
in  
Full

Annie K. Wyand

## CERTIFICATE OF DEATH

Died at <b>Sharpsburg</b> <small>Town</small>		<b>Washington</b> <small>County</small>		MARYLAND	
Date of death	<b>1905 Aug</b> <small>Month</small>	<b>25</b> <small>Day</small>	Age <b>68</b> <small>Years</small>	<b>6</b> <small>Months</small>	<b>23</b> <small>Days</small>
Sex	<b>Female</b>		Color or Race	<b>White</b>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<b>Widowed</b>		Name of <del>Wife or</del> Husband	<b>Joshua Wyand - dead</b>	
Father's Name	<b>Jacob S. Miller</b>		Father's Birthplace	<b>Broadfording</b>	
Mother's Maiden Name	<b>Ann Barbara Martin</b>		Mother's <sup>near</sup> Birthplace	<b>Beaver Creek</b>	
Name of person giving Information	<b>Henry M. Miller</b>		How related to deceased	<b>Brother</b>	

## CAUSES OF DEATH

Primary	<b>A complication of disease</b>	How long	<b>Several years</b>
Immediate	<b>Cardiac complication</b>	How long	<b>Several weeks</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>Yes</b>		<b>J. H. Charlton</b>	
		Address	
		<b>Sharpsburg Md</b>	
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Chas. S. Wade  
Undertaker

Name  
in  
Full

Emory E Wyand

CERTIFICATE OF DEATH

Died at Kingsville <sup>Town</sup> Washington <sup>County</sup> State  
MARYLAND

Date of death 1905 <sup>Month</sup> 8 <sup>Day</sup> 30 <sup>Years</sup> 38 <sup>Months</sup> 39 <sup>Days</sup> 26

Sex Male Color or Race White Birth-place Kingsville

Occupation Jeweler Where Residing if not at place of death Kingsville Md

Married, Single or ~~Widowed~~ Widowed Name of Wife or Husband Susan Wyand

Father's Name Calab Wyand Father's Birthplace Cakko Mills

Mother's Maiden Name Sarah Blessing Mother's Birthplace Marysville

Name of person giving information Sarah Wyand How related to deceased Mother

CAUSES OF DEATH

Primary Tuberculosis How long 2 years  
Immediate Exhaustion How long weeks

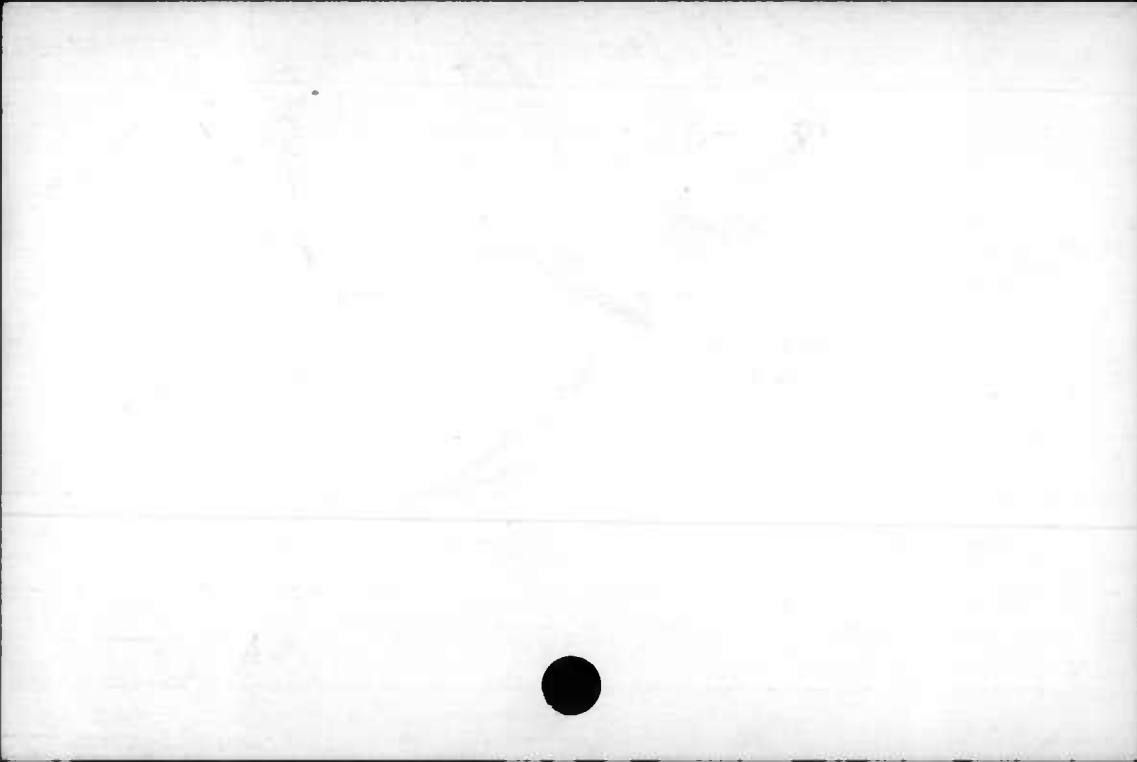
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. M. Acheson

Address Kingsville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Isabell Eugene Yeakle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Wilson* <sup>Town</sup> *Wash* <sup>County</sup>

MARYLAND

Date of death *1905* <sup>Month</sup> *Aug* <sup>Day</sup> *16* <sup>Years</sup> *46* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *White* Birth-place *Ind*Occupation *Housewife* Where Residing if not at place of death *Wilson*Married, ~~Single~~ <sup>or Widowed</sup> Name of Wife or Husband *John Yeakle*Father's Name *David Martin* Father's Birthplace *Ind*Mother's Maiden Name *Isabell Mouse* Mother's Birthplace *Ind*Name of person giving In formation *John Yeakle* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Heart Failure*

How long

Immediate *Heart Failure*

How long

*16 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. J. Mason, M. D.*  
*Clearspring, Md*

Accident or Suicide?

